

Case Number:	CM13-0041116		
Date Assigned:	12/20/2013	Date of Injury:	09/23/2008
Decision Date:	02/10/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture, and is licensed to practice in California. She has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 57 year old female who was involved in a work related injury on 9/23/2008. Her primary diagnoses is lumbago, multilevel thoracolumbar degenerative disc disease and right sural neuropathy. She has pain in the lumbar spine and right hip. The claimant had 12 sessions of acupuncture in March, April, and May of 2013. Prior to 2013, the claimant had an unknown number of sessions. Per pr-2 dated 3/29/2013, the claimant reports 40% pain relief, functional gain and ADL improvement from 4 sessions of acupuncture. Per pr-2 dated 4/17/2013, the physician reports pain relief, functional gain and reduction of medication intake. Per pr-2 dated 5/8/2013, the claimant reports her low back symptoms are unchanged. Per a pr-2 dated 5/29/2013, the claimant reports 50% pain relief, functional gain and ADL improvement. She takes 2 naproxen per day for pain relief. Prior determinations show that at least 4 attempts and messages were left for the provider and there were no return calls for more information. The claimant remained off work and there were no specific documentation on actual reduction of medication or specific functional gains. Objective findings remain the same.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Decision for Acupuncture, 1 or more needles; without electrical stimulation initial 15 minutes of personal one on one contact with patient: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had an unknown total number of acupuncture visits but at least twelve in 2013. However the provider failed to document objective functional improvement associated with her acupuncture visits. Therefore further acupuncture is not medically necessary.