

Case Number:	CM13-0042502		
Date Assigned:	12/27/2013	Date of Injury:	02/06/2005
Decision Date:	02/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 his 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:

Per a PR-2 on 11/25/2013. The claimant complains of headaches, neck pain, upper extremity pain, low back pain, lower extremity pain, and left hip pain. There is reduced lumbar and cervical range of motion with antalgic gait. His primary diagnoses are brachial neuritis or radiculitis, lumbar radiculitis, left internal hip derangement, and depression. Prior treatment includes, oral medication, topical medication, acupuncture, extracorporeal shock therapy, and epidural injections. The claimant has reached maximal medical improvement and is considered permanent and stationary according to a report dated 10/23/2013. According to a prior UR denial on 10/15/13, there was prior acupuncture rendered with functional gains. There are no further details of the acupuncture included in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Acupuncture 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: According to evidenced based guidelines. Further acupuncture after an initial trial is medically necessary based on functional

improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has prior acupuncture with functional gains. However it is unclear when the prior acupuncture was rendered and how many sessions were rendered. There is no documentation of a flare-up that would substantiate the initiation of acupuncture again. The claimant has been deemed permanent and stationary and has reached maximal medical improvement. Acupuncture is medically necessary for flare-ups of his condition but not as maintenance care. Therefore eight further acupuncture sessions are not medically necessary.