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| Case Number: | CM13-0051385 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/27/2013 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor and Acupuncture, and is licensed to practice in California. He/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/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. He/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 43 year old female who sustained a work related injury on 8/27/2013. Her primary diagnoses are coastal and thoracic pain. Prior treatment includes physical therapy, oral medications, topical medications, and acupuncture. According to a PR-2 on 12/11/2013, the claimant started acupuncture on 11/13/13 and it made her worse. The claimant has severe pain over the chest over T-9 area and into the right coastal. She has increased discomfort with lifting movement and prolonged use, ache, tight with some spasms, overall its not improving. No other documentation of other acupuncture or of functional improvement with acupuncture is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (One or more Needles; without Electrical Stimulation, Initial 15 Minutes of Personal One-on-One Contact with the 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. However the provider failed to document functional improvement associated with her acupuncture visits. Instead, there is documentation that acupuncture has made her initially worse. The claimant has further authorized visits of which there is no documentation on completion. Therefore further acupuncture is not recommended or medically necessary.