

Case Number:	CM13-0051657		
Date Assigned:	12/27/2013	Date of Injury:	06/26/1997
Decision Date:	04/28/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic and Acupuncture Medicine 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 expert 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 61 year old male who sustained a work related injury on 8/1/97. Prior treatment includes aqua therapy, physical therapy, acupuncture, chiropractic, and oral medication. His diagnoses include sciatica, foot pain, lumbar sprain/strain, left ankle sprain/strain, and thoracic sprain/strain. Per a Pr-2 dated 11/4/2013, the claimant is having moderate spasm of his mid and low back that affects his gait with left ankle pain. He is having difficulty with sitting at work and with his home ADL's. Six acupuncture sessions are being requested because a home H-wave unit has been denied. The claimant has had extensive acupuncture since 2002 of unknown quantity. He most recently had six acupuncture sessions certified on 5/9/2013. He had reached MMI and P& S status on 6/26/99. He is currently receiving chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ACUPUNCTURE VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, 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 extensive acupuncture of unknown quantity over the years. However the provider failed to document functional improvement associated with his most recent acupuncture visits. He also failed to document objective goals and functional deficits to be addressed by acupuncture. He requested acupuncture as a response to a denial of an H-wave device. There is no documentation of a flare-up of the claimant's condition. His findings per visit remain the same from 9/27/2013 and 11/4/2013. Therefore further acupuncture is not medically necessary as requested.