

Case Number:	CM13-0051762		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2007
Decision Date:	06/12/2014	UR Denial Date:	10/17/2013
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 licensed in Chiropractic 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 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 68 year old male who sustained a work related injury on 12/27/2007. According to a prior review, the claimant has neck and low back pain with limited cervical and lumbar range of motion. Orthopedic tests that are positive are compression and sciatic stretch. He also has pain in the bilateral shoulders, elbows, knees, feet and ankle. His diagnoses are cervical disc protrusion, displacement of lumbar disc, and major depressive disorder. Prior treatment includes left hernia repair and oral medication. There are no relevant records submitted other than a prior UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR CERVICAL & LUMBAR SPINE (20 SESSIONS): 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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. It is

unclear whether the claimant has had prior acupuncture treatment. If he has had acupuncture, the provider failed to document functional improvement associated with the completion of her acupuncture visits. If he has not acupuncture, twenty visits exceeds the guidelines for an initial trial. Therefore, the requested acupuncture is not medically necessary.