

Case Number:	CM13-0052035		
Date Assigned:	12/27/2013	Date of Injury:	08/25/1999
Decision Date:	03/17/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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, 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:

The injured worker is a 75 year old male who reported neck, low back, bilateral shoulder, bilateral elbow and bilateral knee pain from injury sustained on 8/25/99. Patient has multiple dates of injuries while doing his regular and customary duties. Patient had multiple X-rays, reports not provided. He has been treated with extensive medication, physical therapy and Acupuncture. Peer notes dated 9/30/13 patient reported neck ache and pain in both shoulders, tenderness to palpation of the lumbar spine paraspinals, limited lumbar range of motion. He states that acupuncture relaxes the muscles and calms him. Patient reported symptomatic improvement however, functional improvement was not documented. He hasn't had any long term symptomatic or functional relief with care. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; ten (10) visits (2x5), shoulders, neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated,

it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency:1-3 times per week. 3) Optimum duration:1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior Acupuncture treatment with temporary symptomatic relief; however, there is lack of functional improvement. Per guidelines additional visits may be rendered if there is documented objective functional improvement. Per MTUS- Definition 9792.20 (f) "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam". Per guidelines and review of evidence, 2x5 Acupuncture visits are not medically necessary.