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| Case Number: | CM13-0052273 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/04/1988 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 11/08/2013 |
| Priority: | Standard | Application Received: | 11/15/2013 |

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 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 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 male who was involved in a work related accident on 10/4/88. His diagnoses are cervical spondylosis, failed back syndrome, cervical degenerative disc disease, facet joint syndrome, chronic intractable neck pain. Prior treatment includes medial branch blocks of the cervical spine, radiofrequency rhizotomy cervical spine, oral medications, TENS, and physical therapy. He complains of headache, neck pain, and upper back pain. A prior twelve sessions of acupuncture reduced pain from 6 to 3-4/10. Six acupuncture visits were certified on 11/8/2013. According to a report dated 12/5/2013, he states that acupuncture treatments last 1-2 days presently. Prior reports, such as 8/13/2013 and 7/8/2013, state that acupuncture provides approximately 1 week of relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture visits, #12: 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. In the first 12 sessions, there appears to have been a reduction of pain scale. However no specific functional improvement was noted. Therefore 12 visits would not be medically necessary. The certification was modified to six, and six sessions were authorized and again the provider documents only pain relief. There is no documentation of completion or of functional improvement from recently authorized six sessions. In addition, it also appears that is decreasing in efficacy from 1 week of pain relief in the first twelve sessions to last documented 1-2 days of pain relief. Therefore further acupuncture is not medically necessary.