

Case Number:	CM13-0054919		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2006
Decision Date:	03/17/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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:

Claimant is a female who sustained a work related injury on 9/20/2006. Her primary diagnoses are brachial neuritis, anxiety, depression, headaches and cervical radiculopathy. She has had a trial of acupuncture around May 2013. Per a PR-2 dated 10/3/13, the claimant reports neck pain radiating into her left hand with numbness and tingling in her 1st 2 digits. Prior treatments include acupuncture, injections, physical therapy, and oral medications. Prior acupuncture trial was rendered in approximately May/June 2013. No functional improvement was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 1 or more needles without electrical stimulation, initial 15 minutes of personal one to one contact with the patient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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. She had a initial trial of acupuncture. However the provider

failed to document functional improvement associated with her acupuncture visits. Therefore further acupuncture is not medically necessary.