

Case Number:	CM13-0055588		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2010
Decision Date:	03/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 50 year old female who sustained a work related injury on 1/5/2010. The diagnoses are myofascial pain syndrome, lumbar sprain, rotator cuff syndrome. Eight acupuncture sessions were certified on 6/13/2013. There was a request for 8 acupuncture treatments (2nd round) on 11/4/2013 and 4 of those visits were approved on 11/18/2013. Prior treatment includes oral medications, trigger point injections, lumbar epidural injections, acupuncture. Per a PR-2 dated 2/7/14, the claimant has increased pain in the low back, right shoulder, and numbness in the right hand. He is taking medications with benefits. It states that the claimant had over 50% relief with his last set of acupuncture. He also stated that it has been over 6 weeks since his last set of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture once a week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, documented objective functional improvement is necessary to substantiate further acupuncture after an initial trial. The claimant

has had an initial trial and the provider has failed to document specific functional improvement. He has stated that there was over 50% relief but there were no changes in work restrictions, medications, or activities of daily living noted. Therefore further acupuncture is not medically necessary based on the lack of documented functional improvement. If this is a request for an review of the initial denial, then eight visits exceeds the recommended number of visits for a trial. It does not appear to be a initial request, because the provider wrote 2nd round on the request. Therefore eight acupuncture visits are not medically necessary.