

Case Number:	CM13-0063707		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2004
Decision Date:	03/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/10/2013

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:

The claimant is a 57 year old male who sustained a work related injury on 4/7/2004. In 2008, acupuncture was reported to have temporarily reduced his pain. In 2009, acupuncture was again reported to have helped control his pain and spasms. He also had acupuncture approved and rendered in 2010 and 2012. His diagnoses is IVD displacement without myelopathy, status post neck surgery, post laminectomy syndrome, lumbar radiculopathy and spondylosis, chronic pain syndrome, and depression. He has pain in his neck, and low back and has problems with activities of daily living. He is having problems sleeping, digestive issues, and psychological upset. He also has pain into the bilateral upper and lower extremities. Prior treatment includes physical therapy, TENS, acupuncture, neck surgery, activity modification, and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back (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 either a clinically significant improvement in activities of daily living or a reduction in work restrictions. However, the provider failed to document any functional improvement associated with his acupuncture visits. He has had an unknown number of acupuncture visits during the course of his injury starting in 2008. He also had a course of acupuncture in 2009, 2010 and 2012. No functional improvement is documented with any prior acupuncture treatments. Therefore, further acupuncture is not medically necessary.