

Case Number:	CM13-0066099		
Date Assigned:	07/11/2014	Date of Injury:	07/30/2013
Decision Date:	08/08/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 & 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 39 year old female who sustained a work related injury on 7/30/2013. Her diagnoses are lumbar spine sprain/strain, lower extremity neuropathy, left hip sprain/strain, left shoulder sprain/strain, left shoulder myospasm, and left shoulder clinical impingement and right ankle sprain/strain. She is on modified work. Per a Pr-2 dated 12/9/2013, the claimant has constant moderate and frequently severe low back pain that is worse in the morning. It also radiates to her left hip. She also has moderate left hip pain which is moderate and occasionally severe. She complains of worsening left shoulder and upper back pain and worse with prolonged positioning. She states that her pain is well controlled with medication. She denies any side effects. She states that therapy and acupuncture helped her decrease her pain temporarily. She was able to do more activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times weekly for 6 weeks: 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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture in the past of unknown quantity. However the provider failed to document any objective functional improvement associated with the completion of her acupuncture visits. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines for an initial trial. Therefore 12 acupuncture visits is not medically necessary and appropriate.