

Case Number:	CM13-0066213		
Date Assigned:	01/03/2014	Date of Injury:	05/31/2013
Decision Date:	10/29/2014	UR Denial Date:	11/26/2013
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 Board Certified in Chiropractics 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 33 year old female who sustained a work related injury on 5/31/2014. Per a PR-2 dated 11/14/2013, the claimant has pain in the head, neck, upper back, and low back. Her diagnoses are cervical/thoracic/lumbar sprain, lumbosacral radiculitis, displacement of cervical and lumbar intervertebral disc without myelopathy. Acupuncture was performed. She is not working but released to work with modifications. Per a prior UR review dated 11/26/2014, the claimant had six sessions of acupuncture authorized on 10/15/13 and was only able to complete 4 sessions prior to their expiration. Two acupuncture visits were approved to complete the trial of six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the neck and low back (6 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 after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work

restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture certification of a total of eight sessions. He has completed at least 5 sessions of acupuncture with no documentation of functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.