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| Case Number: | CM13-0069595 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 03/21/2012 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 12/11/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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 Chiropractic Medicine 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 65 year old female who sustained a work related injury on 3/21/2012. She is working full time. Prior treatment includes acupuncture, topical medication, oral medication, and activity modification. Her diagnoses are cervical radiculopathy, cervical degenerative disc disease, and cervical spondylosis. The claimant has had an unknown number of acupuncture treatments. She has had at least 26 acupuncture treatments. Per a PR-2 dated 12/17/2013, she has chronic neck and shoulder pain. Her worst pain is in the neck with numbness/tingling in her left upper extremities. She also reports weakness in her ring finger of the right hand. She continues to receive acupuncture treatment once a week which she finds helpful in improving her pain symptoms. The claimant believes that acupuncture treatments are a necessity for continuing to manage her pain and allow her to function in the morning. According to a letter from the acupuncturist, she states that the claimant continues to improve with pain, has less exacerbations, and improved range of motion. She also states that acupuncture is the main modality which helps her with pain management and allowing the claimant to continue to work, do the everyday ADL, and play tennis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACCUPUNCTURE X12.: 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 extensive acupuncture treatments; however neither provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Merely referencing that the acupuncture is helping the claimant perform ADLs and continuing to function is not sufficient. In regards to previous acupuncture rendered: no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.