

Case Number:	CM14-0001461		
Date Assigned:	01/22/2014	Date of Injury:	10/15/2012
Decision Date:	06/24/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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:

Claimant is a 54 year old female who sustained a work related injury on 10/15/2012. Prior treatment includes acupuncture, chiropractic, physical therapy, and oral medication. Her diagnoses are lumbar radiculitis, lumbago, chronic left knee pain; status post left ankle sprain, chronic left hip sprain, chronic low back pain, chronic left inguinal pain, and hypertension. Per a Pr-2 dated 8/12/2013, the claimant states that she feels somewhat better and has been able to reduce medication and lidoderm patches after six sessions of acupuncture. Her Oswestry score has changed from 50 to 46. Per a Pr-2 dated 10/7/2013, the claimant is getting worse due to cold weather and has to take medication despite feeling that acupuncture has been helping her. Per an acupuncture report dated 10/25/2013, she has finished an additional 12 sessions of acupuncture and her Oswestry score has dropped to 44%. The final questionnaire was not found in the documentation. She feels that acupuncture gives her pain relief and more range of motion. She also feels that she is more functional. Per a PR-2 dated 10/31/2013, the claimant gets temporary relief from acupuncture and has had subjective improvement in pain. Per a PR-2 dated 11/5/2013, the claimant has constant left hip and low back pain. She has increased pain with prolonged standing or walking and sitting or sleeping in certain positions. She also has left knee pain and sometimes left ankle pain or swelling. The claimant reports that acupuncture is of some benefit in reducing her pain and improving her day to day function.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL 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 eighteen sessions of acupuncture; however the provider failed to document significant functional improvement associated with the completion of her acupuncture visits. The claimant's Oswestry score only improved 2% with her last 12 sessions of acupuncture. The provider states that acupuncture is only helping the claimant with temporary subjective pain improvement and the claimant states that acupuncture is only somewhat beneficial. It appears that the initial benefit has plateaued. Therefore, twelve (12) acupuncture sessions are not medically necessary and appropriate due to minimal gains from acupuncture.