

Case Number:	CM14-0002424		
Date Assigned:	03/03/2014	Date of Injury:	06/06/2013
Decision Date:	06/16/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 Board Certified 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 56-year-old male who sustained a work related injury on 6/6/2013. Per a progress report (PR-2) dated 12/11/2013, the claimant got significant relief and improvement from six (6) sessions of acupuncture. His personal care functional status is rated a 6/10. Per a PR-2 report dated 11/14/2013, the claimant has reported acupuncture to be 20-60% helpful and sleeping and feeling better. He is able to do his grooming much better than before. However per a PR-2 report dated 9/26/2013, the claimant is reported to be able to perform grooming with no assistance. Three (3) lines down the claimant is also reported to be unable to perform grooming with no assistance. Per a PR-2 report dated 8/6/2013, the functional status of grooming is also 6/10. His diagnoses are cervicobrachial syndrome, complete rotator cuff rupture, and lumbar strain/sprain. The prior treatment includes acupuncture, physical therapy, and oral medication. The claimant is on total temporary disability. Per an acupuncture note dated 12/4/2013, the claimant overdid Thanksgiving and has increased pain. This was acupuncture visit 6/6. Per an acupuncture note dated 11/18/2013, the claimant doesn't feel that acupuncture makes a permanent noticeable difference. This was acupuncture visit 5/6.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 X WEEK FOR 6 WEEKS FOR THE NECK AND LOW BACK:

Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that 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 an initial trial of acupuncture; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. It is mentioned that the claimant has an easier time grooming, but no objective change in functional status is documented in grooming. Also the claimant states on his fifth acupuncture visit that he notices so sustainable change. On his sixth visit there is also no improvement mentioned. Therefore further acupuncture is not medically necessary.