

Case Number:	CM14-0100774		
Date Assigned:	09/16/2014	Date of Injury:	03/09/2012
Decision Date:	11/13/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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:

The claimant is a 66 year old male who sustained a work related injury on 3/9/2012. Prior treatment includes chiropractic, acupuncture, physical therapy, and medications. The claimant has 12 acupuncture visits approved in 2014. Per a PR-2 dated 5/8/2014, the claimant has had no significant improvement since his last exam. He states that his range of motion has improved with acupuncture but he continues to have lower back pain. The pain in his left buttock has improved as well, but the pain is returning with the completion of acupuncture. The claimant will continue with another course of acupuncture. His diagnoses are lumbar radiculopathy and shoulder impingement. He is working with modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture # 12 for back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain 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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also, it appears that the claimant had more authorized acupuncture after the date of the final report. However there is no documentation of functional improvement from the completion of prior authorized acupuncture. Therefore, acupuncture # 12 for back is not medically necessary and appropriate.