

Case Number:	CM14-0101082		
Date Assigned:	07/30/2014	Date of Injury:	10/01/2010
Decision Date:	09/25/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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, has a subspecialty in 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 32 year old male who sustained a work related injury on 10/1/2010. Per an exam on 6/10/14, the claimant has continued neck, right shoulder, and low back pain. Neck pain is 3/10 radiating into the right shoulder. Right shoulder pain is 4/10 with numbness. Lumbar pain is 3/10 with radiating pain into the bilateral legs and numbness, tingling and weakness. He has decreased cervical ROM and a positive left compression test. He has positive SLR at 30 degrees and decreased sensation. His diagnoses are cervical and lumbar intervertebral disc displacement with myelopathy, left C5 radiculopathy, and left L5 radiculopathy. Prior treatments includes chiropractic, medications, cortisone shots, extracorporeal shockwave therapy, epidurals, and physical therapy. He is currently taking anvil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture #8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, an initial trial of acupuncture consists of three to six visits. A request for eight visits exceeds the recommended number and

therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. If there has been prior treatment, no documented functional improvement as a result of prior treatment is submitted to justify further visits. The request is not medically necessary.