

Case Number:	CM14-0102091		
Date Assigned:	07/30/2014	Date of Injury:	04/30/2010
Decision Date:	09/17/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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:

The Claimant is a 32 year old female who sustained a work related injury on 4/30/2010. Per a PR-2 dated 7/11/2014, the claimant has pain in the wrist which is slightly improved after a cortisone injection on 6/18/14. She is not working. She has pain in her neck, lower back, decreased muscle strength and mass, numbness, and tingling. Her pain is aggravated by prolonged activities and reduced by heat and rest. Her diagnoses are cervical and lumbar sprain/strain and bilateral carpal tunnel syndrome. Prior treatment includes physical therapy, injection, and oral medication. Per a PR-2 dated 6/10/14, the claimant has received about six sessions of acupuncture treatment which helped provide mobility for her neck. Per a PR-2 dated 4/4/2014, the claimant has had slight improvement with acupuncture treatment. She has had acupuncture 2 times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture qty 1 x 4: Upheld

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

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 an unclear number of prior acupuncture sessions with reported subjective improvement. However the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Therefore, the request for Acupuncture is not medically necessary.