

Case Number:	CM14-0102584		
Date Assigned:	07/30/2014	Date of Injury:	03/13/2011
Decision Date:	10/16/2014	UR Denial Date:	06/23/2014
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 Board Certified 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 62 year old female who sustained a work related injury on 3/13/2012. Three visits of acupuncture were approved on 6/23/2014 as an initial trial. Prior treatment includes electrocorporeal shockwave therapy, oral medication TENS, aquatic therapy, and right shoulder surgeries. Her diagnoses are cervical intervertebral disc myelopathy, displacement of lumbar intervertebral disc without myelopathy, thoracic sprain/strain, shoulder strain/sprain, and failed right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Cervical Spine, Thoracic Spine and Right Shoulder 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture 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 either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of three visits. If this is a request for an initial trial, twelve

visits exceeds the recommended guidelines for an initial trial. Therefore Acupuncture for the Cervical Spine, Thoracic Spine and Right Shoulder is not medically necessary.