

Case Number:	CM14-0104536		
Date Assigned:	07/30/2014	Date of Injury:	03/30/2013
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 & 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 24 year old female who sustained a work related injury on 3/30/2013. Per a PR-2 dated 7/18/2014, the claimant has pain in the neck and back that radiates to both shoulders and to her coccyx and buttocks. She has bilateral knee pain that has increased since the last re-exam and pain in the bilateral ankles and feet. On 7/16/2014, the claimant was seen by a neutral doctor. She has had an increase in her right shoulder pain. Her diagnoses are lumbar disc displacement with myelopathy, sciatica, thoracic disc displacement without myelopathy, cervical disc herniation with myelopathy, tear of the medial meniscus of the bilateral knees, chondromalacia patella of the bilateral knees. rotator cuff syndrome of the bilateral shoulders, tendinitis, bursitis, capsulitis of the feet, plantar fasciitis of the bilateral feet, depression, anxiety and insomnia. Functional improvement from acupuncture is documented as a reduction of pain from 7 to 6 and decreased medication of tramadol from 1 pill daily to 3 pills weekly. She is temporarily totally disabled. Per a UR review on 6/5/2013, the claimant has had 15 prior sessions of acupuncture. The UR review also certified a follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 3x2 (Electro Acupuncture, Manual Acupuncture, Myofascial Release, Electrical Stimulation, Infrared and Diathermy to the lumbar spine): Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 94.

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 functional improvement in the form of reduced medication. The claimant is now taking 3 pills of tramadol weekly instead of 7 weekly. Therefore further acupuncture is medically necessary.

Follow-up visit with range of motion measurement and addressing Activities of Daily Living: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches -History and Physical Examination Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Low Back Follow up Visits.

Decision rationale: According to evidenced based guidelines, follow up treatments are generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. A prior follow up has authorized on 6/9/2014 and the current PR-2 does not request another follow up visit. The claimant has had two follow-ups since 6/9/2014 on 7/16/2014 and on 7/18/2014. At least the consult on 7/18/2014 measured range of motion and addressed ADL already. There is no evidence that further follow-up is needed. Therefore further follow-up consultation is not medically necessary.