

Case Number:	CM14-0108865		
Date Assigned:	08/01/2014	Date of Injury:	08/29/2012
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 Acupuncture and Chiropractic 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 54 year old female who sustained a work related injury on 8/29/2012. Per a PR-2 (progress report) dated 8/6/2014, the claimant has neck pain, right arm pain, numbness and tingling over the right arm and spasm of the right arm. She states that acupuncture helps with her cervical pain. Her diagnoses are cervical disc displacement, degeneration of cervical disc, cervical strain, degenerative disc disease and cervical radiculopathy. She is permanent and stationary and working with restrictions of no lifting over 5 lbs, no pushing or pulling more than 10 lbs, and no reaching above shoulder with both arms. The provider states that she is continuing with anti-inflammatory medication and if the pain level changes they may try acupuncture. Other prior treatment has included physical therapy, epidural steroid injection, and oral medication. Per an acupuncture notes dated 6/10/14, 5/27/14 and 5/20/14, the claimant notices an appreciable decrease in pain in the right upper back and neck and improvement of mood after the last treatment. She has been approved for a total of 18 acupuncture visits and has attended at least 11 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks for the cervical spine: 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 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 prior acupuncture with reported subjective mood and pain improvement. The claimant's work restrictions remain the same and there is no mention of increased ability to perform activities of daily living. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.