

Case Number:	CM14-0014161		
Date Assigned:	04/09/2014	Date of Injury:	02/05/2013
Decision Date:	05/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/04/2014

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 and 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 42 year old female who sustained a work related injury on 2/5/2013. Per a PR-2 dated 3/14/2014, the claimant has low back pain, neck pain, right shoulder pain. Medications and TENS partially help with pain. Prior treatment includes home exercise program, physical therapy, TENS, injections, oral medications. Her diagnoses are cervical sprain/strain, strain/strain of unspecified site, and lumbar spine strain sprain. She is working modified duty. An acupuncture note denotes that acupuncture has been rendered on 3/10/14. According to a prior review, six sessions were rendered as an initial trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) OUTPATIENT ACUPUNCTURE SESSIONS TO MULTIPLE BODY PARTS:

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. The claimant has had an initial acupuncture trial; however the provider failed to document functional improvement associated with her acupuncture visits. Therefore further acupuncture is not medically necessary.