

Case Number:	CM14-0014934		
Date Assigned:	02/28/2014	Date of Injury:	08/11/2006
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/06/2014

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 61 year old male who sustained a work related injury on 8/11/2006. Prior treatment include orthovisc injection, home exercise program, physical therapy, knee surgery, chiropractic, acupuncture, topical medication, and oral medication. Per a PR-2 dated 1/6/2014, the claimant has neck pain that is continuing to worsen. Prior acupuncture was helpful in decreasing pain, improving range of motion, and reducing radicular symptoms. He has left knee pain that increases with prolonged walking. His diagnoses are cervical disc degeneration, chronic pain syndrome, neck sprain/strain, and sprain of the knee and leg. He is permanent and stationary. Per a Pr-2 dated 10/17/2013, six sessions of acupuncture has helped reducing muscle tightness, improved range of motion and in sleep. Six sessions of acupuncture were also rendered from April to June of 2013 and the claimant reported improvement in neck pain and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ACUPUNCTURE THERAPY SESSIONS FOR THE NECK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, CHAPTER NECK AND UPPER BACK COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL 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 at least 12 sessions of acupuncture; however the provider failed to document objective functional improvement associated with the completion of his acupuncture visits. In regards to previous acupuncture rendered: no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.