

Case Number:	CM14-0015314		
Date Assigned:	02/28/2014	Date of Injury:	06/04/2013
Decision Date:	05/28/2014	UR Denial Date:	01/30/2014
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 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 42 year old female who sustained a work related injury on 6/4/2013. Prior treatment includes physical therapy, home traction, oral medications, acupuncture, chiropractic, and work modifications. Her diagnoses are cervical sprain/strain, thoracic sprain/strain, and left shoulder sprain/strain. Six acupuncture visits were rendered from 9/24/2013- 10/22/2013. The current request is for six additional visits as a trial. Per a PR-2 dated 12/11/13, the claimant's symptoms are mostly unchanged since her last visit and that cervical traction helped. Per a PR-2 dated 11/7/2014, the claimant has completed 6/6 acupuncture for pain control. The claimant has neck pain and left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X3 WEEKS OF THE C-SPINE, T-SPINE, AND LEFT SHOULDER:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's 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 trial; however the provider failed to document functional improvement associated with her 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.