

Case Number:	CM14-0017175		
Date Assigned:	04/14/2014	Date of Injury:	03/16/2013
Decision Date:	06/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/11/2014

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 a licensed Chiropractor 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 52 year old female who sustained a work related injury on 3/16/2013. Her diagnoses are sprain/strain of lumbar/knee and myalgia/myositis. She has had 16 acupuncture treatments so far. Per a Pr-2 dated 2/13/2014, the claimant has pain in the low back. It is aching, burning, pressure, sharp, throbbing, and radiating. The pain is constant and intermittent and aggravated by prolonged sitting and standing. She is currently working on modified activities. According to the acupuncturist, the Oswestry score was improved over the period of acupuncture treatment. There were initial gains from 10/8/2014-11/1/2013. However, there was no improvement from 11/1-11/18/2013 and even worsening from 11/18-12/18/2013. Per a Pr-2 dated 10/23/2014, the claimant felt improved after receiving 4 acupuncture treatments. Per a Pr-2 dated 1/3/2014, the claimant had good results with initial treatment. Other prior treatment includes activity modification and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE X 8 FOR LOW BACK AND KNEES: 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, a reduction in work restrictions, reduction of medication, or a reduction of dependency on continued medical treatment. The claimant has extensive acupuncture treatment. Although he had initial gains, there does not appear to be continued improvement. Therefore eight further visits are not medically necessary.