

Case Number:	CM14-0132267		
Date Assigned:	08/22/2014	Date of Injury:	06/30/2008
Decision Date:	09/25/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 and 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 47 year old female who sustained a work related injury on 6/30/2008. Prior treatment has included physical therapy, facet injections, transforaminal epidural steroid injections, lumbar surgeries, and acupuncture. Her diagnoses are cervical sprain/strain with radiculopathy, lumbar degenerative disc stenosis status post posterior decompression and fusion with radiculopathy, cervicgia and shoulder derangement. Per a PR-2 (progress report) dated 8/19/2014, the claimant has tenderness in the lumbar spine and had a recent QME (qualified medical evaluation). Most of the rest of the note is illegible. The claimant is not working. There is an acupuncture note date 8/11/2014 that is labeled (#1/10). The claimant complains of pain on lumbar spine where the surgery was performed and sciatica spread down to the left leg. She also has tingling, numbness in the left lower extremity. She also has left shoulder, arm, hand tingling and numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 10: 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 of unknown quantity and duration. The acupuncture note submitted states that it is 1/10 implying that there have been 10 prior acupuncture visits certified. The last PR-2 is dated after the acupuncture visit. However there is no mention of improvement from the acupuncture rendered. Since the provider failed to document functional improvement associated with the completion of her acupuncture visits, further acupuncture is not medically necessary.