

Case Number:	CM14-0156618		
Date Assigned:	09/26/2014	Date of Injury:	04/10/2012
Decision Date:	10/31/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in 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 47 year old male who sustained a work related injury on 4/10/2012. Prior treatment includes steroid injections, trigger point injections, and psychotherapy. Per a PR-2 dated 4/29/2014, the claimant continues to have a lot of neck, shoulder, back and right leg pain. He also has headaches, right elbow pain, sleep deprivation, stress, anxiety, and depression. His diagnoses are cervical spine herniated nucleus pulposus, post-traumatic headaches, right shoulder myoligamentous injury, right elbow contusion, lumbar spine herniated nucleus pulposus, secondary stress, anxiety, and depression, and post concussive syndrome. Per a prior review dated 9/16/2014, the claimant reports neck pain with headaches and low back pain with numbness and tingling into bilateral lower extremities on 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Two (2) time a week times six (6) weeks, lumbar and cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits

exceeds the recommended guidelines of less than six. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted. Therefore, this request is not medically necessary.