

Case Number:	CM14-0158187		
Date Assigned:	10/01/2014	Date of Injury:	02/24/2009
Decision Date:	11/04/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/26/2014

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 & Acupuncturist, 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 39 year old female who sustained a work related injury on 2/24/2009. Per a prior UR review, 8/22/2014, the claimant had 9 months of acupuncture previously and resumed acupuncture in 2014. Other prior treatment includes medications, injections, physical therapy, and chiropractic. According to acupuncture notes submitted, she had at least 8 sessions of acupuncture between 2/20/2014 to 4/15/2014. On 4/15/2014, pain levels, objective findings, and areas affected remain the same. The acupuncturist states that the claimant feels better and less pain after the treatment but the pain always comes back and bothers her a lot. Per a Pr-2 dated 4/22/2014, the claimant feels that her condition is slightly improved and that acupuncture and chiropractic have been providing her relief of symptoms. She is working full duty and considered MMI. Per a PR-2 dated 7/30/14, the claimant reports continued low back pain. She feels that her condition is worsening and has received 7 sessions of chiropractic and 8 sessions of acupuncture from the facility. She has headaches, neck pain, upper back pain, low back pain, and bilateral hand pain, left wrist pain, left thumb pain, sleep interruption, and irritability. Her diagnoses are chronic musculoligamentous stretch injury to the cervical/thoracic/and lumbar spine, bicipital tendonitis, repetitive motion disorder of left wrist, bilateral carpal tunnel syndrome, tenosynovitis of the left thumb, and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk x 4wks: 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 after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. The last eight sessions in 2014 were reported to have had mild temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.