

Case Number:	CM14-0168779		
Date Assigned:	10/16/2014	Date of Injury:	01/20/1993
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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 & 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:

The claimant is a 41-year-old male who sustained a work related injury on January 20, 1993. Four acupuncture visits were approved on July 17, 2014 as an initial trial. Prior treatment includes brachial plexus decompression, cervical compression, psychotherapy, physical therapy, epidural steroid injections, spinal cord stimulator, and trigger point injections. The claimant had an initial acupuncture session on August 18, 2014. Per a PR-2 dated September 9, 2014, the claimant has been experiencing increased neck pain with associated cervicogenic headaches along with radicular and neuropathic symptoms in his upper extremity bilaterally. His pain is aggravated by any type of bending, twisting, and turning. He also has pain in his lower back radiating down to both lower extremities. The claimant is requesting trigger point injections because it allowed him to sleep better at night. His diagnoses are lumbar myoligamentous injury with large 7mm left paracentral disc protrusion with bilateral lower extremity radiculopathy, status post bilateral brachial plexus decompression, bilateral upper extremity, status post five peripheral nerve decompression, status post ACDF surgeries, reactionary depression/anxiety, and successful cervical spinal cord stimulator trial. The provider states that the claimant has completed 3 acupuncture session and it increased his ability to perform self care task with less discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (10-sessions, once a week for 10 weeks for the cervical spine): 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 with mild subjective benefits of ability to perform self-care with less discomfort. There was no quantification with an objective measure or functional index provided. In addition, the most recent report states that the claimant's symptoms are increasing and he is asking for trigger point injections. If the provider can provide objective functional improvement associated with acupuncture treatment, further visits might be necessary depending on the clinical significance. However, with the current documentation further acupuncture is not medically necessary.