

Case Number:	CM14-0176551		
Date Assigned:	10/29/2014	Date of Injury:	03/01/2000
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 Board Certified in Chiropractic and 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 69 year old female who sustained a work related injury on 3/1/2000. Prior treatment includes bilateral wrist surgery, epidural steroid injections, physical therapy, medications, functional restoration, and acupuncture. Her diagnoses are sciatica, neck pain, pain in the lower leg, cervical disc displacement without myelopathy, degeneration of lumbar disc, and sciatica. Per a PR-2 dated 9/9/2014, the claimant has had a moderate decrease of lower back pain and neck pain after the last treatment. She has lower back pain and neck pain that radiates into the extremities. Per a PR-2 dated 9/26/2014, the claimant has completed six visits of acupuncture and feels that it did help reduce her pain. She was able to walk further with less pain and was able to perform home exercises better with less pain. She also does feel that it helped relax her muscles and help her sleep better at night. She says the pain has gradually returned.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of acupuncture: 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 claimant recently had six visits with mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. There were no changes in examination findings or work status. Therefore further acupuncture is not medically necessary.