

Case Number:	CM14-0184891		
Date Assigned:	11/12/2014	Date of Injury:	05/29/2012
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 41 year old male who sustained a work related injury on 5/29/2012. Per an AME dated 4/15/2014, the claimant has neck, right shoulder, left elbow, upper extremity, and lumbar spine pain. Prior treatment includes physical therapy, chiropractic, right shoulder surgery, cortisone injections, cervical spine epidural injection, and medications. Physical examination shows muscle guarding and decreased range of motion in the cervical spine and lumbar spine, and decreased motor testing of the upper extremity. His primary diagnoses code is cervical sprain/strain with radicular component, status post right shoulder arthroscopic surgery, lumbar spine sprain/strain with radicular complaints, and status post AME. Prior UR review states that there was prior acupuncture without functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 neck & right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43, 49, 83, 92.

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. According to a prior UR, the claimant has had prior acupuncture trial without documented functional improvement. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial.