

Case Number:	CM14-0020325		
Date Assigned:	04/25/2014	Date of Injury:	11/29/1994
Decision Date:	07/07/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a represented male, employed by [REDACTED] who has filed a claim for an industrial injury to his neck and lower back; causing pain and stiffness, radiculopathy with numbness and tingling to upper extremities, headaches, and lumbar pain and stiffness. Diagnosis consists of neck and lumbar sprain, carpal tunnel syndrome, lumbar disc displacement presenting with decreased range of motion in the cervical and lumbar spine. Since this incident on 11/29/94, the applicant underwent care with an orthopedist, acupuncturist, and psycho-therapist. Conservative care includes pain and anti-inflammatory medications and home tens units use. Before 2/5/14, date of the utilization review determination, the applicant had received acupuncture as a course of treatment without documented results. The claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy and did not certify such noting the applicant has not shown any functional improvement consistent with measurable goals according to CA MTUS definition.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO-ACUPUNCTURE TREATMENT WITH INFRARED AND MYOFASCIAL RELEASE, 2 TIMES A WEEK FOR 8 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidently the applicant has had prior acupuncture care without evidence of functional improvement. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional Electro-Acupuncture treatment with Infrared and Myofascial release, 2 times a week for 8 weeks is not medically necessary and appropriate.