

Case Number:	CM14-0021198		
Date Assigned:	05/07/2014	Date of Injury:	09/15/2010
Decision Date:	07/23/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/20/2014

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 51 year old female who sustained a work related injury 9/15/2010. Her diagnoses are cervical myofascial pain syndrome, cervical C5-6 bulging disc, cervical radiculitis, cubital tunnel syndrome, and status post right carpal tunnel release. Prior treatment includes oral medications, physical therapy, topical medication, trigger point injections, left shoulder surgery, epidural injections, acupuncture, and laser treatment. Per an agreed medical examination dated 11/20/2014, the claimant received acupuncture on and off for a few months with temporary benefits. Rest, therapy, acupuncture, and medication help lesson the pain. The claimant has reached maximal medical improvement. According to a prior review, the claimant had 12 acupuncture sessions between July 2012 to May 2013. Per a Pr-2 dated 1/17/2014, the claimant has neck and arm pain, numbness and tingling. She is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE ACUPUNCTURE THERAPY SESSIONS 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 visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture in the past and the prior acupuncture has been helpful with reducing pain. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.