

Case Number:	CM14-0022462		
Date Assigned:	05/12/2014	Date of Injury:	09/13/2013
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/22/2014

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 Care 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:

The claimant is a 31-year-old male who sustained a work-related injury on 9/13/2013. His diagnoses are left lumbar intervertebral disc displacement without myelopathy, sprain/strain of the back, and contusion of the elbow. Per a progress report (PR-2) dated 1/22/2014, the claimant has left elbow pain, left lower back pain and mild wrist pain. He is on light duty with limited bending and no lifting over 20 lbs. Acupuncture is reported to help. Per a PR-2 dated 1/6/2014, the claimant has completed eighteen (18) visits of physical therapy and six (6) visits of acupuncture. He has also had a home exercise program and oral medication. Per a PR-2 dated 12/19/2014, he is authorized for acupuncture and his work modifications are no ending, stooping, must be able to alternate sitting/standing, allow to change positions and stretch, and no lifting over 10 lbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONCE A WEEK FOR SIX (6) WEEKS FOR THE LUMBAR SPINE AND LEFT ARM: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that 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 and the provider has documented functional improvement with the reduction of work-related restrictions and the claimant returning to work. Therefore, six (6) further visits are medically necessary.