

Case Number:	CM14-0023984		
Date Assigned:	06/11/2014	Date of Injury:	09/12/2004
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/25/2014

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:

The claimant is a 61 year old female who sustained with 9/12/2004. Prior treatment includes facet injections, acupuncture, lumbar ESIs, physical therapy, TENS, and oral medications. Per a PR-2 dated 2/12/2014, the claimant has neck pain radiating down to the left upper extremity and low back pain radiating down to the left lower extremity. Her low back pain is aggravated by walking. The pain is rated as 6/10 with medications and 8/10 without medications. The pain is unchanged since her last visit and home exercise and medication are helpful. She is not currently working. Her diagnoses are cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, chronic pain and diabetes mellitus. Per a PR-2 dated 1/15/2014, previous acupuncture was helpful over three years ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TIMES (4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to Acupuncture Medical Treatment 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 prior acupuncture; however the provider failed to document functional improvement associated with the completion of her acupuncture visits. Stating that prior acupuncture was helpful is not sufficient to evidence functional improvement. Furthermore, no documentation of a flare-up or a change of the claimant's condition is found in the submitted documents. Therefore further acupuncture is not medically necessary.