

Case Number:	CM14-0028850		
Date Assigned:	06/27/2014	Date of Injury:	12/06/2001
Decision Date:	07/23/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 Board Certified in Chiropractic & 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 49 year old female who sustained a work related injury on 12/6/2001. Six visits of were authorized on 2/10/2014 as an initial acupuncture trial. Per a Pr-2 dated 1/22/2014, she has mid back, low back, leg and feet pain. MRI of her lumbar spine shows minimal disc bulging and very little foraminal or central stenosis. Pain goes into groin, thighs, and feet. Legs are getting weaker and she can't rise on her toes. She has myelopathic symptoms and pain is better with relaxation, activity avoidance, medication and acupuncture. She is doing acupuncture every two weeks along with her opioid medication. Her diagnoses are intertebral disc disorder with myelopathy, degeneration of the thoracic intervertebral disc, closed fracture of vertebral colume, and degeneration of lumbar or lumbosacral intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACCUPUNCTURE TREATMENT TO THE CERVICAL SPINE FOR 26 SESSIONS 1 VISIT EVERY 2 WEEKS FOR 1 YEAR.: 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 as acupuncture was mentioned in a PR-2 in 1/22/2014. She was reported to have been having acupuncture every two weeks and that acupuncture helps her. She also had six additional sessions of acupuncture authorized on 2/10/2014 as another trial. However the provider failed to document any functional improvement associated with the completion of her acupuncture visits. It is unclear whether she has completed the recently approved sessions. Also 26 sessions is an excessive request, since functional improvement must be documented to justify continued acupuncture. Therefore twenty six sessions of further acupuncture is not medically necessary.