

Case Number:	CM14-0030880		
Date Assigned:	06/20/2014	Date of Injury:	07/27/2008
Decision Date:	09/12/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 51 year old male who sustained a work related injury on 7/27/2008. Prior treatment includes Cervical Fusion, Physical Therapy, Medications, and Chiropractic Care. Per a PR-2 dated 1/15/14, the claimant has pain in the neck and low back. His diagnoses are Post Cervical Spine Fusion, Insomnia, and Cervical Spine Strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the cervical spine 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, an initial trial of Acupuncture consists of three to six visits. A request for twelve visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. If there

has been prior treatment, no documented functional improvement as a result of prior treatment is submitted to justify further visits. Therefore, the request is not medically necessary.