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| Case Number: | CM14-0031578 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/09/2013 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/12/2014 |

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:

The injured worker is a 48 year old male who sustained a work related injury on 7/17/2014. His diagnoses are cervical strain, cervical spondylosis, lumbar degenerative disc disease, and lumbar strain. The injured worker has had physical therapy and at least two other acupuncture sessions in the past which he states helped. He has also had oral medication and epidural injections. Six acupuncture treatments were approved on 3/6/2014 as a trial. Documentation dated 4/4/2014, notes that the injured worker has had 2 acupuncture sessions and that he felt a little bit worse after them. He has limited neck and low back range of motion and referral pain to the right shoulder, right upper arm, and right gluteal area. Per a progress note from his acupuncturist, he feels better temporarily with acupuncture from several hours to one day, and he is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 (twelve) Acupuncture sessions - two (2) times a week for six (6) weeks: 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 injured worker has had a recent acupuncture trial; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. Additionally, after two visits the provider noted that the injured worker was worse. The acupuncturist notes that the injured worker has temporary pain relief but no functional gains are discussed. Therefore further acupuncture is not medically necessary.