

Case Number:	CM14-0031952		
Date Assigned:	06/20/2014	Date of Injury:	01/05/2011
Decision Date:	07/30/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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:

The claimant is a female who sustained a work related injury on 1/5/2011. Her diagnosis is cervical radiculopathy. Per a progress note dated 3/13/2014, the claimant has had an epidural injection that has given the claimant a lot more relief. She is working light duty. Per a progress note dated 1/23/2014, the claimant has ongoing neck pain that radiates down the shoulders with tingling and numbness. The claimant has undergone 7 sessions of acupuncture with 90 percent relief each time. The acupuncture relief is not lasting long yet. The claimant had five more acupuncture sessions from 1/30/2014-3/6/2014. Acupuncture notes document that the claimant states need more visit on 3/6/2014 and would like to take acupuncture everyday because she feels better after each acupuncture session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture to cervical spine Qty:12: 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 twelve sessions of acupuncture. Although there is temporary pain relief with each session, there is no sustained improvement. The provider has failed to document any functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.