

Case Number:	CM14-0032034		
Date Assigned:	06/20/2014	Date of Injury:	07/19/2000
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
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 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 76 year old female who sustained a work related injury on 7/19/2000. Per a PR-2 dated 6/4/2014, her diagnoses are chronic pain syndrome, brachial plexus lesions, history of spine surgery, mononeuritis, displacement of thoracic/lumbar disc without myelopathy, degeneration of cervical and lumbar disc, cervicalgia, and other disorder of the lumbar region. She is distressed because her pain medications have been denied and her symptoms have worsened by 10-20%. Per Pr-2 dated 4/16/2014, the provider notes that the claimant had significant improvement in pain and function with acupuncture. She also able to reduce her medications and reports 10% improvement with four sessions of acupuncture. The claimant has had at least 32 sessions of acupuncture. She has back pain and neck pain. She has had multiple surgeries, acupuncture, physical therapy, topical medications, and oral medications. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 4 x 2 (8 units) to Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints and Knee complaints Chapters, 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 extensive acupuncture of at least 32 visits; however the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. There is a mention of reduced medication, but no objective documentation on the decrease. There is a 10% decrease in pain, but pain does not qualify as functional improvement. Therefore without objective functional improvement, further acupuncture is not indicated. Therefore, the request for eight (8) acupuncture visits to lumbar spine is not medically necessary and appropriate.