

Case Number:	CM14-0034324		
Date Assigned:	06/20/2014	Date of Injury:	08/26/1992
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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:

This claimant is a 53 year old female who sustained a work related injury on 8/26/1992. Per a PR-2 dated 4/11/2014, the claimant is taking medications and they are working well for her chronic neck pain. She has also gone to a different acupuncturist and feels much better with it and was able to taper her Norco. The provider reports less pain, more mobility, improved exam, and less medication usage. However, there are no objective documented differences in her examination findings or medication usage. Her diagnoses are cervical disc displacement without myelopathy, cervicgia, myasthenia gravis, and myofascial syndrome. She has had at least 76 acupuncture visits over the past few years. Other prior treatment includes physical therapy, chiropractic, ESI, water therapy, home exercise program, and oral medications. She is on permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Additional Acupuncture Sessions: 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 extensive acupuncture of at least 76 treatments since 2012. She has had 6 treatments in the 2014. Although there were initial gains with acupuncture, the provider failed to document objective functional improvement associated with the completion of her recent acupuncture visits. Medications and examination findings remain the same. The claimant also does not have any documented functional deficits to address besides medication usage. There has been no documentation of a flare-up either. With a flare-up, a few sessions of acupuncture may be medically necessary. However, with no functional deficits and no functional improvement from the last approved sessions, eight further acupuncture sessions are not medically necessary.