

Case Number:	CM14-0035646		
Date Assigned:	06/23/2014	Date of Injury:	11/01/2006
Decision Date:	07/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 a licensed Doctor of Chiropractic, has a subspecialty in 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 58 year old woman who sustained a work related injury on 11/1/06. Prior treatment includes, acupuncture, ESI, cervical surgeries, oral medications, topical medication, and physical therapy. She continues to have neck, shoulder, and left upper extremity pain. According to a utilization appeal dated 4/10/14, the claimant states that prior acupuncture was helpful to reduce her pain about 60% and allowed her to use less medication. She was also able to perform her home exercises and stretches with less pain. She was able to perform certain household chores a bit longer and use less medication. Per a Pr-2 dated 4/7/14, she has neck pain but has had some benefit from a cervical epidural steroid injection. Her diagnoses are degeneration of cervical disc and pain in the shoulder. According to a prior utilization review, the claimant had acupuncture has had 48 acupuncture visits with 12 visits certified 8/28/13. The most recent course of acupuncture was completed from 9/6/13-11/11/13. Two days later the provider reported that she had 8-9/10 cervical pain, requested an additional ESI, and refilled her medications. Per a report dated 12/19/13, the provider states that she has failed conservative management including acupuncture. The report also said she was getting worse while she was receiving acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture , twelve (12) sessions: 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 guideline, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has extensive acupuncture treatment with the most recent sessions completed last year, but the provider has failed to document sustained objective functional gains. Although the claimant reports improvement after the fact, the provider has not documented improvement during the periodic examinations. Furthermore the provider appears to be requesting injections concurrently, refilling medications identically, and also stating that acupuncture is ineffective. It appears that acupuncture only has temporary relief and no sustained relief. Therefore further acupuncture is not medically necessary.