

Case Number:	CM14-0037536		
Date Assigned:	06/25/2014	Date of Injury:	12/21/2010
Decision Date:	08/08/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/28/2014

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 59 year old male who sustained a work related injury on 12/21/2010. His diagnoses are lumbar radiculopathy, thoracic spine strain, and left shoulder impingement. Prior treatment includes physical therapy, acupuncture, and oral medication. The claimant has had 18 approved acupuncture visits since 11/2013. Per a PR-2 dated 2/13/2014, the claimant was feeling much better however had an exacerbation of his low back pain four days ago. He has been experiencing left buttock tension and spasm, as well as numbness and tingling that radiates from his lower back to his left lower extremity. He has two treatments of acupuncture left. He states that it has been helping his symptoms. He is not working. Objective findings and work status remain the same from 10/24/13 to 2/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 (quantity 8): 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 prior acupuncture; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. The claimant's work status and objective examination findings have not changed. Therefore the request for further acupuncture is not medically necessary.