

Case Number:	CM14-0038137		
Date Assigned:	06/25/2014	Date of Injury:	08/24/2011
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/01/2014

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 Physical Medicine and Rehabilitation 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 48 year old female who sustained a work related injury on 8/24/2011. Prior treatment includes acupuncture, chiropractic, physical therapy, lumbar fusion, injections, and oral medications. Her diagnoses are cervical spinal stenosis, degenerative disc disease of the lower back, and lumbar radiculopathy. Per a Pr-2 dated 5/9/14, the claimant is feeling much better as a direct result of gentle chiropractic treatment. She has less pain in her low back and no burning pain and numbness and tingling and radiculopathy in her legs. She has increased functional activities around the house and decreased the use of percocet from 3/day to 2/day. She has no further burning of her bilateral anterior thighs or any numbness/tingling in her bilateral feet. The provider states that she also had direct improvement as a result of acupuncture treatment. She is having a flare-up of neck pain. Per a PR-2 dated 12/5/13, the provider states that claimant has improvement from acupuncture and osteopathic physical therapy. The improvement almost matches the improvement from 5/9/14 except that she decreased use of Percocet to Norco 2/day. Per a PR-2 dated 8/29/13, the provider also states that the Percocet is decreased from 3/day to 2/day along with similar improvement to 12/5/13. Per a PR-2 dated 8/29/13, the claimant is reported to have improved from acupuncture and physical therapy with similar improvements and that percocet was changed from percocet to Norco 2/day. According to a prior UR, the claimant has had 25 acupuncture sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 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 in the past; however the provider failed to document sustained and isolated functional improvement associated with the completion of her acupuncture visits. Very similar improvement findings were stated over the course her acupuncture, chiropractic, and physical therapy treatments. The medication use also is stated to decrease. However, the medications just switched back and forth between Percocet and Norco. Despite stated improvement, her dependence on medical treatment has not decreased. Therefore further acupuncture is not medically necessary.