

Case Number:	CM14-0040064		
Date Assigned:	06/27/2014	Date of Injury:	02/07/2001
Decision Date:	07/31/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 and 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 61 year old female who sustained a work related injury on 2/7/2001. Her diagnoses are lumbosacral neuritis, brachial neuritis, lumbosacral/cervical disc degeneration, cervical spondylosis, rotator cuff syndrome, neuralgia/neuritis, sciatica, carpal tunnel syndrome, ulnar nerve lesion, and tarsal tunnel syndrome. Six visits of acupuncture were authorized on March 4, 2014 as a trial. Prior treatment includes oral medication, lumbar facet block, TENS, lumbar epidural injection, toradol injection, oral medication, Dexamethasone injection, and cervical injections. Per a PR-2 dated 2/13/2014, the claimant has low back pain, right knee pain, and neck pain. Her pain level has become and continues to be intractable. Bilateral upper extremities have remained symptomatic, weak and compromised. She can barely perform simple activities of daily living. Medications barely help with pain. Functional status have declined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 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 either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of six visits. Therefore (12) acupuncture is not medically necessary.