

Case Number:	CM14-0041352		
Date Assigned:	06/27/2014	Date of Injury:	11/14/2011
Decision Date:	10/01/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 68 year old female who sustained a work related injury on 11/14/2011. Her diagnoses are cervicalgia, spinal stenosis, chronic pain, long term use of medications, and other pain related to psychological factors. Prior treatment includes physical therapy, acupuncture, cervical facet injection, TENS, and medication. Per an acupuncture noted dated 3/19/2014, the claimant has had 12 acupuncture sessions with improvement in pain and stiffness. The claimant has improved range of motion and greater ease with prolonged sitting and driving. Per a PR-2 dated 4/2/2014, the claimant has no changes to her condition and has pain in the neck radiating down to the bilateral upper extremities with numbness and tingling all the way to her fingers. She notes that her pain is aggravated with prolonged sitting and standing and alleviated with changing medications and changing positions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture x 6 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Acupuncture Medical Treatment Guidelines. The Expert Reviewer's decision rationale: According to evidenced based guidelines, 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 had twelve acupuncture sessions with reported subjective improvement. Her acupuncturist notes a decrease in pain and stiffness and an increase in range of motion and sitting tolerance. However, the provider fails to document objective functional improvement associated with acupuncture treatment. An appeal states that they do not have an obligation to document quantifiable measurements. There is no other way to determine clinically significant improvement. Therefore further acupuncture is not medically necessary.