

Case Number:	CM14-0043066		
Date Assigned:	06/30/2014	Date of Injury:	07/12/2013
Decision Date:	07/31/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/10/2014

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 licensed 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:

This claimant is a 33 year old female who sustained a work related injury on 7/12/2013. Prior treatment includes physical therapy, acupuncture, psychotherapy and oral medication. Per a medical legal report dated 4/9/2014, the claimant had six sessions of acupuncture. The claimant states that it helped reduce her pain, increase her functional capacity, help reduce her need to take oral medications and reduce her radiculopathy. However, her pain has reoccured. Per a PR-2 dated 5/7/2014, the claimant has continued neck pain radiating into upper extremities with numbness. She is also complaining of pain and spasming in the bilateral trapezius muscles and continues headaches. Her diagnoses are thoracic or lumbosacral neuritis or radiculitis, contusion to right shoulder, head, and right neck, headaches, myofascial sprain of the cervical spine, and psychological diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Accupuncture: 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 six sessions of acupuncture with reported subjective improvement. However the provider failed to document any objective and clinically significant functional improvement associated with the completion of her acupuncture visits. In regards to previous acupuncture rendered: no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.