

Case Number:	CM14-0044016		
Date Assigned:	06/16/2014	Date of Injury:	01/24/2007
Decision Date:	07/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/07/2014

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 licensed 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:

The claimant is a 30-year-old female who sustained a work-related injury on 1/24/2007. Six (6) sessions of acupuncture were approved on 3/4/2014. According to an agreed medical exam, the claimant had acupuncture in 2010 and it allowed her several days of decreased pain. She had acupuncture again in 2011 and had decrease of pain, reduction of pain medication, and improvement in sleep. Per a progress report (PR-2) dated 7/15/2013, the claimant states that acupuncture is effective, but needs to be consistent to decrease her pain levels. Per a PR-2 dated 11/25/2013, she improved with six (6) more sessions of acupuncture. Six (6) additional sessions were approved on 12/5/2013. An acupuncture note details that her Oswestry score dropped from 44 to 42 and then to 52 percent from 11/4/2013 to 12/9/2013 and then to 1/30/2014. Her diagnoses are sacroilitis with probably piriformis irritation, low back pain, neuralgia, pain in the limb, ankle pain, and chronic pain syndrome. Other prior treatment includes physical therapy and oral and topical medication. She is permanent and stationary and working without restrictions. Per a PR-2 dated 2/13/2014, the claimant continues to have deep buttock pain and the only relief she gets is acupuncture which in general lasts a few days.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that 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 functional improvement associated with the completion of her most recent acupuncture visits. The only objective functional improvement was 2% in Oswestry scale from November to December 2013. The claimant appears to be getting worse rather than better after that date. Acupuncture seems mostly a temporary pain relief measure. She does not appear to be less dependent on treatment or demonstrate functional gains. Therefore further acupuncture is not medically necessary.