

Case Number:	CM14-0049868		
Date Assigned:	07/07/2014	Date of Injury:	01/27/2011
Decision Date:	08/06/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/17/2014

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 Care & 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 injured worker is a 59 year old woman who sustained a work related injury on 1/27/2011. Her diagnoses include cervical spine disc bulge, thoracic spine disc bulge, probable lumbar spine disc bulge, bilateral shoulder strain, right elbow surgery, left elbow strain, bilateral carpal tunnel syndrome, bilateral hip strain, bilateral knee strain, and bilateral ankle/foot strain. Prior treatment has included medication, spinal injections, physical therapy, work right lateral epicondyle injection, right carpal tunnel injections, restrictions, and shockwave therapy. Per a primary treating physician's progress report (PR-2) dated 3/20/2014, the patient continues to have an upset stomach. She has decreased range of motion in the cervical spine. Per a PR-2 dated 3/18/2014, she has pain in the neck, upper back, lower back, right shoulder, left shoulder, right elbow/forearm, right wrist/hand, right foot, left foot, and jaw.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Two (2) times Eight (8) for cervical spine, lumbar spine, thoracic spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidence-based guidelines, an initial trial of acupuncture consists of six visits. A request for eight visits exceeds the recommended number of trial visits necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. As such, this request is not medically necessary.