

Case Number:	CM14-0053680		
Date Assigned:	07/07/2014	Date of Injury:	11/11/2003
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/22/2014

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 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:

Claimant is a female who sustained a work related injury on 11/11/2003. Her diagnoses are IBS(Irritable Bowel Syndrome), fibromyalgia, tension headache, insomnia secondary to pain and c/s radiculopathy. Prior treatment has included oral medication and psychotherapy. The claimant is retired. Per a PR-2 dated 4/2/2014, the claimant complains of bloating and cramping. Objective findings include tenderness to palpation and spasm in the cervical spine. There is decreased range of motion and stiffness, and numbness. She has 15/18 tender points for fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi, TX:www.odg-twc.com: Section: Neck and Upper Back (Acute & Chronic)(updated 03/31/2014).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, an initial trial of acupuncture consists of six visits. A request for eight visits exceeds the recommended number and therefore is

not medically 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. If this is not a request for an initial trial, there is no documented functional improvement from the completion of prior acupuncture. Therefore, Acupuncture 8 visits is not medically necessary.