

Case Number:	CM14-0056247		
Date Assigned:	07/09/2014	Date of Injury:	05/27/2009
Decision Date:	08/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/25/2014

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:

The claimant is a 49 year old male who sustained a work related injury on 5/27/2009. His diagnoses are neck sprain/strain, acromioclavicular sprain/strain, brachial neuritis or radiculitis, carpal tunnel syndrome, cervicalgia, cervical intervertebral disc (IVD) degeneration, displacement of cervical/ lumbar/ thoracic IVD without myelopathy, lateral epicondylitis of elbow, lumbago, lumbar sprain/strain, and sacroilitis. Per a PR-2 dated 6/10/2014, the claimant is having a flare-up of his low back pain. It is moderate to severe, constant, and dull and ach. It is severe enough that he ambulates with a cane. Per a PR-2 dated 6/4/2014, the claimant is having a favorable response to physical therapy, acupuncture and aqua therapy. They give him pain relief and functional improvement. Per a PR-2 dated 3/12/2014, the claimant continues to benefit from his current acupuncture but has continued neck, radicular pain, and lower back pain. Per a PR-2 dated 1/15/2014, the claimant has continued nagging pain in his neck with radiculopathy. He is undergoing acupuncture which does give him relief of his unbearable pain. There is no change in objective findings from the reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Accupuncture x 18 visits: 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 extensive acupuncture of unknown quantity and duration. The provider continues to state that there is pain reduction and functional improvement. However the provider failed to document functional improvement associated with the completion of his acupuncture visits. In addition, objective findings remain identical between reports. In regards to previous acupuncture rendered, there were no significant, measurable outcomes, increased ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.