

Case Number:	CM14-0059947		
Date Assigned:	07/09/2014	Date of Injury:	12/20/2006
Decision Date:	10/15/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/30/2014

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 51 year old female who sustained a work related injury on 12/20/2006. Per a PR-2 dated 10/10/14, the claimant complains of neck pain, low back pain, disruption of sleep, neuropathic radicular symptoms of the upper extremities. Her diagnoses are lumbar radiculopathy and persistent insomnia. Four sessions of acupuncture were authorized on 5/13/2014. Per a PR-2 dated 3/14/2014, the claimant has been getting acupuncture treatments both at the back and the neck. The acupuncture has been helpful, slow progress with neck pain. She has had three carpal tunnel releases on the right, one on the left and two ulnar transpositions done. She describes the pain as the same. Other prior treatment has included cervical epidural injections, lumbar epidural injections, right shoulder arthroscopy, left shoulder arthroscopy, medications, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine -6 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 after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits without functional improvement. Four further sessions of acupuncture were certified in May 2013. However, the provider fails to document objective functional improvement associated with the completion of the recently certified acupuncture treatment. Therefore further acupuncture is not medically necessary.