

Case Number:	CM14-0063324		
Date Assigned:	07/11/2014	Date of Injury:	08/25/2006
Decision Date:	08/29/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Board Certified 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:

Claimant is a 60 year old female who sustained a work related injury on 8/25/2006. Prior treatment includes injections, TENS, right wrist surgery, medications, PT, chiropractic, Psychotherapy, HEP, and acupuncture. Per a PR-2 dated 5/1/2014, the claimant States those medications are working well. Quality of sleep is poor and activity level has remained the same. She has pain in the neck, upper back, lower back, bilateral shoulders, bilateral arms, right elbow, right wrist, and right hand. Her diagnoses are lumbar radiculopathy, lumbar disc disorder, chronic back pain, cervical pain, shoulder pain, disc disorder, and wrist pain. The discussion mentions that the claimant has nearly completed acupuncture therapy and that it is going very well and she is noticing functional benefit. On the next page, the provider states that she has completed 5/6 acupuncture treatments and no benefit yet noted on today's visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 an initial trial of acupuncture with unclear reported benefits. On one page of her PR-2 the provider states that acupuncture is providing functional benefit and on the next page the provider states there is no benefit. Regardless, the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.