

Case Number:	CM14-0063980		
Date Assigned:	07/11/2014	Date of Injury:	08/01/2009
Decision Date:	09/09/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

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 as well as Board Certified in 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 58 year old male who sustained a work related injury on 8/1/2009. His diagnoses are degenerative disc disease, fibromyalgia, radiculopathy of cervical, Complex Regional Pain Syndrome (CRPS) type I of upper extremity. Prior treatments include bilateral cubital tunnel surgery, bilateral carpal tunnel surgery acupuncture, cervical epidural injections, oral medication, and trigger point injections. Per a PR-2 dated 4/21/2014, the claimant has neck and bilateral hand pain. He reports decreased neck pain for 2 days after last acupuncture treatment. Per a PR-2 dated 4/21/2014, the claimant has neck and bilateral hand pain. He reports decreased neck pain for 3 days after last acupuncture treatment. The claimant has had 16 prior acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x8 C 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 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 prior acupuncture with temporary reported pain relief. However the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.