

Case Number:	CM14-0066402		
Date Assigned:	07/11/2014	Date of Injury:	02/02/2010
Decision Date:	08/13/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 46 year old male who sustained a work related injury on 2/10/2010. His diagnoses are spinal stenosis of the cervical region and degeneration of cervical intertebral disc. Prior treatment includes ulnar nerve release with medial epicondylectomy, lateral epicondylectomy, cervical surgery, trigger point injections, and oral medications. Per a PR-2 dated 6/13/2014, the claimant continues to have neck pain mostly located on the right side. He states that he has had a restless right arm and it wakes him at night. He also continues to have hip pain. He has tenderness to palpation as well as spasm on the right paraspinal musculature, weakness in the right wrist and finger extension. According to a prior UR review, the claimant had six acupuncture sessions certified on 3/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for six (6) weeks: 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 either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of six visits. Therefore further acupuncture is not medically necessary. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines for an initial trial.