

Case Number:	CM14-0068900		
Date Assigned:	07/14/2014	Date of Injury:	11/07/2012
Decision Date:	08/26/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/13/2014

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 & 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 50 year old female who sustained a work related injury on 11/7/2012. Per a Pr-2 dated 4/2/2014, the claimant has completed 6/6 acupuncture treatments. She is having increasing pain in her neck and arms due to her work activities. She is currently tolerating her work and her current work restrictions to typing up to 6 hours a day but is finding it increasingly difficult to tolerate. She continues to have chronic neck pain with movement. She also notes radiation of pain and numbness into bilateral upper extremities. Her diagnoses are cervical degenerative disc disease, left C5-6 cervical radiculopathy/radiculitis, and myofascial pain. She is working with restrictions of no lifting over 10 lbs, no computer usage over 5 hours, 10 min breaks every 60 minutes of typing, and mini breaks. Per a Pr-2 dated 1/8/2014, she has completed six acupuncture treatments. She is tolerating her current work restrictions. She continues to have chronic neck pain, particularly with movement. She also notes radiation of pain and numbness into the bilateral upper extremities. She is working with restrictions of no lifting over 10 lbs, no computer usage over 6 hours, 10 min breaks every 60 minutes of typing, and mini breaks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy:Acupuncture: 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 twelve prior sessions of acupuncture with reported subjective benefit. However the provider failed to document any objective functional improvement associated with the completion of her acupuncture visits. In addition work restrictions are increasing with computer usage at 5 hours instead of 6 hours after her last 6 sessions of acupuncture. Therefore, further acupuncture is not medically necessary.