

Case Number:	CM14-0071041		
Date Assigned:	07/14/2014	Date of Injury:	12/16/2010
Decision Date:	09/11/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 licensed 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 44 year old male who sustained a work related injury on 12/16/2010. Prior treatment includes right shoulder arthroscopy, oral medication, topical medication, injections, psychology, and acupuncture. The claimant has had an unknown number of acupuncture sessions and most recently has an acupuncture report submitted on 4/21/14. Per a PR-2 dated 4/22/14, the claimant has burning pain in his low back with the right greater than the left. He feels that his legs are weak and reports occasional numbness. He states that he wants to get better. He is frustrated. He tries to do home exercises and walks, but he finds that his pain can increase and he worries that he will hurt himself further. He would like to do water therapy. His diagnoses are cervical degenerative disease, thoracic discogenic syndrome, and lumbar degenerative disc disease. His report on 4/8/2014, the provider is requesting acupuncture for a worsening of pain. He is not working. Per a PR-2 dated 1/7/2014, the claimant has failed conservative therapy and he is requesting a neurosurgical consultation. Per a PR-2 dated 10/24/2013, the claimant has been doing acupuncture and finds that it helps him sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of acupuncture to the cervical , thoracic adn lumbar 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 an unknown number of acupuncture visits with no objective functional improvement associated with the completion of his acupuncture visits. The claimant had an unknown number of visits in 2013 and an unknown number of visits in 2014. He had acupuncture in 2014 on the day prior to his last submitted PR-2. However there is no mention of improvement with acupuncture on his last PR-2. Therefore the request is not medically necessary.