

Case Number:	CM14-0079179		
Date Assigned:	07/18/2014	Date of Injury:	03/17/2002
Decision Date:	09/12/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty 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:

This case involves a 55 year old male who sustained an injury on 3/17/2002. His diagnoses are degeneration of cervical intervertebral disc, brachial neuritis, cervical sprain, thoracic sprain, lumbar sprain, segmental dysfunction, and cervical spondylosis without myelopathy. Prior treatment includes physical therapy, oral medication, topical medication, cervical radiofrequency ablation, nerve blocks, acupuncture, massage therapy, TENS, physical therapy, and chiropractic. 12 acupuncture sessions were certified on 9/25/2013. Per a report dated 1/9/14, acupuncture is stated to have excellent pain relief. The claimant is currently receiving acupuncture 4 times a week with benefit. Per a report dated 2/27/14, acupuncture help reduce his signs and symptoms and he can perform his daily physical activity easier during the time he is having acupuncture treatment. The claimant received acupuncture eight treatments from 10/17/2013 to 2/24/2014. It appears that he has also received at least 13 treatments in 2009, 6 treatments in 2010, 16 treatments in 2011, 7 treatments in 2012, and 5 treatments in 2013, 3 treatments in 2014. Per a report dated 3/4/2014, the claimant has improved mood, walking ability, normal work, relations with other people, sleep and enjoyment of life with acupuncture treatment. Per a report dated 8/4/2014, the claimant has gone two months without acupuncture and has had an increase of pain, decrease of ability to work, increase of numbness, and increase of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve acupuncture visits to the cervical spine 2 x 6 as an outpatient: 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 (ADL) or a reduction in work restrictions, medication, and a dependency on continued medical treatment. The claimant has had extensive acupuncture treatments with reported improvement in ADLs and reduction of work restrictions. However, despite reported improvement with prior acupuncture, the claimant continues to suffer from ongoing pain. The claimant does not appear to have been able to reduce his reliance on medical treatment and highly reliant on continued treatment. As such, this request is not medically necessary.