

Case Number:	CM14-0083557		
Date Assigned:	07/21/2014	Date of Injury:	09/11/2013
Decision Date:	08/27/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/05/2014

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, 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:

The claimant is a 28 year old male who sustained a work related injury on 9/11/2013. Per a PR-2 dated 7/3/2014, the claimant has increased pain in the low back and neck with radiation to his head causing headaches. He reports that his vision has gotten blurry and his dizziness is causing him to have ot sit down. He states that he continues to experience pain in both wrists with right greater than left and limited range of motion in he right wrist. His diagnoses are cervical spine sprain/strain with radicular complaints, fracture of the right distal forearm status post orif, right wrist sprain rule out fracture, left wrist sprain/strain/contusion, thoracic spine sprain, thoracolumbar sprain rule out fracture of the spine, stress, and insomnia. He is working with restrictions. Prior treatment includes physical therapy, chiropractic, and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Lumbar Spine 2x4: 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, an initial trial of acupuncture consists of six visits. A request for eight visits exceeds the recommended number and therefore is

not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. If the claimant has had prior acupuncture, there is no documented functional improvement from prior treatment. Therefore, the request is not medically necessary.