

Case Number:	CM14-0094705		
Date Assigned:	07/25/2014	Date of Injury:	07/24/2012
Decision Date:	08/28/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 & 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 41 year old female who sustained a work related injury on 7/2/2012. Per a physician report (PR-2) dated 1/29/2014, the claimant had two sessions of acupuncture that minimally decreased her pain and helped her relax. Per a PR-2 dated 4/15/2014, the claimant has had 13 sessions of acupuncture which helps with relaxation techniques but does not decrease the pain. The provider also states that she has had 10 sessions of acupuncture with no benefit. Per an AME dated 5/12/2014, the claimant complains of constant aching pain in the low back that radiates to her buttocks. She also complains of radiating numbness from the front of the knee going down the leg. The pain increases when bending, turning quickly or carrying things. The provider states that the claimant found acupuncture helpful. Prior treatment includes acupuncture, chiropractic, injections, physical therapy, work restrictions, medication, and bracing. Her diagnoses are herniated nucleus pulposus of the lumbar spine, spinal stenosis, bilateral L5 pars defects, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of 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 at least 13 sessions of acupuncture which the claimant reports subjective benefit. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.