

Case Number:	CM14-0137875		
Date Assigned:	09/05/2014	Date of Injury:	11/27/2012
Decision Date:	12/03/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 injured worker is a 47 year old male who sustained an industrial injury on 11-27-2012. Medical records indicated the worker was treated for cervical, thoracic and lumbar spine sprain-strain with myofasciitis. In the provider notes of 05-08-2014 the injured worker complains of an increase in symptoms to the back and both shoulders. He complains of bilateral wrist and hand numbness and weakness. He complained of bilateral knee pain along with sleep problems, anxiety, stress and depression. He has limited cervical and lumbar active range of motion, a positive straight leg on the right, and tenderness along the cervical, thoracic and lumbar paravertebral muscles bilaterally with palpation. Swelling was noted along the right wrist. The treatment plan was for continuation of the worker's temporary total disability and re-evaluate in 6 weeks. On 06-02-2014, there is documentation of one session for the cervical and lumbar spine and prior certification of at least 3 sessions. A request for authorization was submitted 08-11-2014 for Acupuncture for the cervical spine, lumbar spine and the bilateral knees 2 times per week for 4 weeks (8 sessions). A utilization review decision 08-18-2014 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine, lumbar spine and the bilateral knees 2 times per week for 4 weeks (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.