

Case Number:	CM14-0187148		
Date Assigned:	11/17/2014	Date of Injury:	04/06/2004
Decision Date:	01/05/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 47 year old male who sustained a work related injury on 4/6/2004. Prior treatment includes physical therapy, medications, psychiatric treatment, and lumbar fusion surgery. Three sessions of acupuncture were authorized for right hip and 3 sessions were authorized for the right knee on 7/25/2014. Per a PR-2 dated 10/8/14, the claimant complains of pain in the right hip, knee and foot. Two weeks ago he had a fall due to weakness in the right leg and he did not have his cane. He reports that he twisted his left ankle and it has been swollen for the last two weeks. He notes that he has been experiencing an increase in numbness to his right lower extremity. He had a pain management consultation and is awaiting authorization for acupuncture. His diagnoses is right SI joint dysfunction, lumbar radiculopathy, failed back syndrome, status post lumbar fusion, right knee DJD, and right hip arthralgia. The provider states that he had a lengthy discussion with the claimant and the claimant states that he is not interested in acupuncture at this time. He wishes to proceed with aquatic physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy, Duration and Quantity unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. Furthermore, the claimant has stated that he does not wish to have acupuncture at this time. Therefore further acupuncture is not medically necessary.