

Case Number:	CM14-0200515		
Date Assigned:	12/10/2014	Date of Injury:	11/15/2013
Decision Date:	07/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 52 year old male, who sustained an industrial injury on 11/15/13. He reported initial complaints of cumulative trauma. The injured worker was diagnosed as having lumbar disc protrusion L3-L4; cervical spine disc protrusion C5-C6/C6-C7; right knee internal derangement. Treatment to date has included chiropractic care; physical therapy; wrist braces; Functional Capacity Evaluation (5/16/14); urine drug screening; medications. Diagnostics included EMG/NCV upper extremities (4/4/14). Currently, the PR-2 notes dated 10/24/14 indicated the injured worker complains of low back pain rated at 7/10 as sharp, constant with radiation into the bilateral legs with the left greater than the right. There is also noted cervical spine pain rated at 9/10 and severe, constant with radiculopathy, numbness, tingling into the bilateral hands and fingers. The provider documents a decrease in range of motion for the lumbar spine with bilateral paraspinal spasms, positive straight leg raise with radiation into the legs with left greater than right. There is also noted decreased range of motion with bilateral paraspinal spasms and positive cervical compression test bilaterally left greater than right. The right knee is tender with positive McMurry's sign. His treatment plan for this date includes a request for authorization of acupuncture 1 time per week for 6 weeks (bilateral hands).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time per week for 6 weeks (bilateral hands): 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 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 and with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.