

Case Number:	CM14-0039926		
Date Assigned:	06/27/2014	Date of Injury:	11/22/2011
Decision Date:	01/02/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/04/2014

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:

The claimant is a 45 year old male who sustained a work related injury on 11/22/2011. His diagnoses are cervical spine herniation, lumbar disc herniation, and right lower extremity radiculopathy. Per a PR-2 dated 9/6/2013, the claimant underwent acupuncture twice. Per a PR-2 dated 1/24/2014, the claimant notes that acupuncture has given him benefit. He complains of intermittent neck pain, radiation to bilateral upper extremities, and associated numbness and tingling. He also complains of constant low back pain with radiation to the bilateral extremities with associated numbness and tingling. He notes that his neck and low back feels the same since his last visit. He started acupuncture on 12/31/2013. Per a PR-2 dated 2/21/2014, the claimant feels the same since his last visit and is attending acupuncture once a week which helps decrease his pain. Per a prior review dated 4/1/2014, the claimant has attended at least 30 sessions of acupuncture started six months ago, but the total number of sessions is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines , Division of Workers' Compensation, Title 8 regulations, chapter 4, 5 Subchapter 1, Article 5.5.2,

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 extensive prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.