

Case Number:	CM15-0007800		
Date Assigned:	01/23/2015	Date of Injury:	06/16/2013
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/14/2015

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 60 year old male who suffered a work related injury on 06/16/13. There are no physician notes available for review that are prior to the date of requested treatment. Six chiropractic treatments and four acupuncture treatments are being requested for his neck and back. His diagnoses are thoracic segmental dysfunction, brachial neuritis, disc displacement, and rotator cuff tear. Per a Pr-2 dated 1/7/2015, he is feeling slightly worse. He has mid back, low back, and right shoulder pain. His pain is relieved when he gets adjusted, uses heat and ultrasound. Examination findings reveal limited range of motion in the neck, positive shoulder depression, and Kemps bilaterally. He is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a day for 4 weeks for the cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Low Back Pain. Decision based on Non-MTUS Citation Official Disability Guidelines Acupuncture

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. It is unclear whether the claimant had prior acupuncture. If the claimant had prior acupuncture, functional improvement must be documented to justify further acupuncture. If this is a request for an initial trial, the provider must also make clear that this is an initial trial.