

Case Number:	CM15-0023834		
Date Assigned:	02/13/2015	Date of Injury:	09/03/2013
Decision Date:	04/15/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	02/09/2015

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 a 39 year old male, who sustained an industrial injury on September 3, 2013. He reported neck and back injury. The injured worker was diagnosed as having cervical spine sprain, and thoracic spine sprain. Treatment to date has included medications, imaging, and physical therapy. Currently, the injured worker complains of continued neck and back pain. The records indicate a magnetic resonance imaging of the lumbar spine and thoracic spine on March 20, 2014, reveals disc protrusion, and disc herniation. In April 2014, the records indicate he was seen for back pain with radiation into the buttocks, and down the left leg. Physical findings in December 2014 are revealed as tenderness in the cervical and thoracic spine areas. Eight prior acupuncture sessions were certified and an acupuncture evaluation was submitted 12/17/14. Per a PR-2 dated 1/5/2015, the claimant's lower back pain has remained the same and any prolonged standing causes aggravation. He also has neck pain that is aggravated with movements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture w/o stimulation 15min outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture Page(s): 46.

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 with no reported benefits. The provider notes that the claimant is the same after she had initiated acupuncture. Since, the provider fails to document objective functional improvement associated with acupuncture treatment; further acupuncture is not medically necessary.