

Case Number:	CM15-0215530		
Date Assigned:	11/05/2015	Date of Injury:	09/15/2004
Decision Date:	12/31/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/02/2015

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 50 year old male who sustained an industrial injury on 9-15-2004. A review of medical records indicates the injured worker is being treated for cervical spine sprain strain bilateral upper extremity DDJ-osteoarthritis. Medical records dated 9-3-2015 noted left arm pain and low back pain with radiation into bilateral feet. Physical examination noted severe atrophy of hands left interosseous and moderate atrophy of right interosseous. There was tenderness to palpation to the traps with guarding. Flexion was at 40 degrees and extension was at 38 degrees. Per a PR-2 dated 10/18/15, the claimant has completed six acupuncture visits with decreased intensity and duration of pain. Treatment has included Norco since at least 7-27-2015. Utilization review form dated 10-21-2015 noncertified acupuncture with infra lamp-medical supply-kinesio tape x 8-treatment to the cervical spine, lumbar spine and left wrist 2 x a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with Intra Lamp/Medical Supply/Kinesia Tape x 8 - Tx to Cervical-Spine, Lumbar Spine and Left Wrist 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.