

Case Number:	CM15-0039217		
Date Assigned:	03/09/2015	Date of Injury:	12/26/2013
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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 35 year old male, who sustained an industrial injury on 12/26/2013. He reported sustaining injuries secondary to a motor vehicle accident. The injured worker was diagnosed as having chronic bilateral lumbar radiculopathy, cervical strain, and chronic left cervical radiculopathy. Treatment to date has included medication regimen, rest, massage physical therapy, and use of transcutaneous electrical nerve stimulation unit. In a progress note dated 02/03/2015 the treating provider reports intermittent, dull neck pain and intermittent low back pain that radiates to the arms along with intermittent numbness and tingling in the legs. The pain is rated a three out of ten. The treating physician requested the injured worker to continue acupuncture, but the documentation did not indicate the reason for this requested treatment. The claimant has had at least 18 acupuncture sessions in 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks cervical lumbar spine: 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 and had mild subjective benefits of pain relief. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.