

Case Number:	CM15-0049696		
Date Assigned:	03/23/2015	Date of Injury:	08/10/2010
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/16/2015

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:

This 48 year old male sustained an industrial injury on 8/10/10. The injured worker had complained of ongoing shoulder, upper back, hip and groin pain as well as left foot numbness. Previous treatment included acupuncture and medications. Per a PR-2 dated 1/12/15, the claimant has attended some acupuncture treatment with some benefit. He is requesting an increase of his medication. Sleep, pain and functionality is the same. In a letter dated 1/26/15, the physician noted that the injured worker had completed six sessions of acupuncture. Following acupuncture, the injured worker reported decreased overall pain and no groin or hip pain. The injured worker reported ongoing left foot and leg numbness. The injured worker reported no change in his ability to perform activities of daily living and that his sleep remained fairly frequently interrupted. The injured worker reported needing to reduce pain medication quantity because the carrier mandated it, but he felt that he might have needed the medications a little less due to acupuncture. Current diagnoses included chronic pain syndrome. The treatment plan included six additional sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Sessions of Acupuncture, Once A Week Over 6 Weeks: 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 trial and had subjective benefits. However, the provider fails to document functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.