

Case Number:	CM15-0056347		
Date Assigned:	04/01/2015	Date of Injury:	11/10/2012
Decision Date:	05/12/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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 52 year old male, who sustained an industrial injury on 11/10/12. The injured worker has complaints of low back pain and pain along his upper left shoulder and neck. The diagnoses have included chest pain not otherwise specified; chest pain not elsewhere classified; chronic pain syndrome and abdominal pain site not otherwise specified. The documentation noted on 1/28/15 that the injured workers pain medications have not been approved and he has not taken any medications since about months, the medications listed were ibuprofen, lunesta, norco and tylenol extra strength. The documentation noted that the treatment tried of acupuncture was not effective. Per a PR-2 dated 11/12/14, the claimant had six session of acupuncture and notes improvement of pain of about 30%. Per a surgical consultation note dated 11/18/2014, the claimant has been through acupuncture and it did not give him any prolonged relief. Per an acupuncture report dated 1/22/2015, the claimant has had 4 additional acupuncture sessions and has noticed gradual improvement in his pain but that he's still in great discomfort and pain. He is feeling less stressed and less tense. He has not noticed a change in mobility. Per a utilization review appeal letter dated 2/19/15, the claimant has reduced his medication usage from 1 tab of norco twice a day to 1/2 tab twice a day. Per a Pr-2 dated 3/4/2015, the claimant has tried acupuncture and it was not effective. He has not had his medication approved and has not had any in months.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions: 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 with conflicting results. Some reports claim the injured worker has improved and others state no improvement. Since the last report stated that there was no benefit from acupuncture and contradicts the prior appeal that the claimant was able to reduce medication, acupuncture is not effective for this claimant. Since there is no clear functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.