

Case Number:	CM13-0032201		
Date Assigned:	12/11/2013	Date of Injury:	03/30/2013
Decision Date:	02/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is licensed in acupuncture and chiropractics and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is 53 year old female who was involved in a work related injury on 3/20/2013. Her diagnoses are cervicalgia, cervical spine sprain, cervical spine disc herniations, cervical spine myelopathy, and bilateral knee pain. She has neck, low back, and knee pain and left lower extremity problems. Prior treatment includes acupuncture, chiropractic, physical therapy, injections, oral medications, and assistive walking devices. On 8/26/2013, her orthopedic physician noted that the claimant felt acupuncture was "mildly beneficial." On 7/15/2013, the same physician notes the acupuncture helps control pain. There are at least 12 documented acupuncture visits from 7/17/2013-8/28/2013. However no functional improvement is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 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 visits after an initial trial are medically necessary based on documented functional improvement. "Functional

improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had an initial trial of at least 12 visits. However, the provider failed to document functional improvement associated with her acupuncture visits. Therefore further acupuncture visits are not medically necessary.