

Case Number:	CM13-0043962		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2010
Decision Date:	02/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and is licensed to practice in California. 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 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. 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:

Claimant is a 66 year old male who sustained a work related injury on 3/5/2010. His diagnoses is chronic pain syndrome, degeneration of cervico-thoracic intervertebral disc, and degeneration of lumbar intervertebral disc. Per a report on 1/3/2014, he has hip, low back, and rib pain. The pain is pulsating, sharp, stabbing and throbbing. It interferes with sleep. He also has depression. Per a report on 10/8/2013, the provider states that acupuncture decreased his pain consistently and controls his pain the best with no side effects. Prior treatment has included physical therapy, injection, PT, aquatic therapy, and oral medication. According to a prior denial on 10/18/2013, no significant measurable outcomes were documented through prior acupuncture. Six acupuncture sessions were certified on 11/6/2013. There is no documentation of completion or of functional improvement from those visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Acupuncture 2 x week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's 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. There is no documentation of completion or of functional improvement from prior acupuncture. There is a documented certification of six visits in November 2013 and there is documentation of prior acupuncture being provided. Therefore further acupuncture is not medically necessary.