

Case Number:	CM14-0121894		
Date Assigned:	08/06/2014	Date of Injury:	08/24/2012
Decision Date:	09/26/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Chiropractic and Acupuncture 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 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/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:

Claimant is a 55 year old female who sustained a work related injury on 8/24/2012. Her diagnoses are lumbar disc displacement with myelopathy, cervical disc herniation without myelopathy, status post inguinal hernia repair, and anxiety. Other prior treatment includes chiropractic, medications, bilateral hernia repair, and work modification. Per a Pr-2 dated 8/5/2014, the claimant has neck pain radiating to his head, low back pain that radiates to the bilateral lower extremity, and sharp pain in the abdomen. Per a PR-2 dated 6/24/2014, the claimant has completed 23 sessions of acupuncture. Per a Pr-2 dated 4/29/2014, the claimant has completed 12 sessions of acupuncture. Per a PR-2 dated 3/11/2014, the claimant has completed 8 sessions of acupuncture. There are no changes in work status from 3/11/2014-8/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

99214, 95851, 97535, 97813, 97810, 97140, G0283, 97026, 97024 Acupuncture 3x Wk x 2Wks Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had extensive acupuncture with no stated improvement. The provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Work restrictions have not changed even after extensive acupuncture treatment. Therefore further acupuncture is not medically necessary.