

Case Number:	CM14-0162322		
Date Assigned:	10/07/2014	Date of Injury:	12/17/2008
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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 licensed in 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 63 year old female who sustained a work related injury on 12/17/2008. Prior treatment includes physical therapy, acupuncture, psychotherapy, chiropractic, TENS, injections and medications. Per a PR-2 dated 4/12/013, the claimant has decreased calf spasms with acupuncture and that she is able to function more at work, is more comfortable, and has less perceived pain. Per a PR-2 dated 2/12/2013, the claimant has functional improvement with mobility at work and has been experiencing less intense pain allowing her to work better and also has been taking less medications as well as pain not as severe. Per a QME dated 10/28/2013, the claimant has had 16 visits of acupuncture therapy. Only acupuncture helps her significantly to control the pain. She has 4 more approved. However in the same QME, a deposition of the claimant says that she stated that despite chiropractic, physical therapy, acupuncture, and medications her condition remains the same. Per a PR-2 dated 8/18/2014, the claimant complains of ongoing pain in her low back and bilateral lower extremities right greater than the left side. She notes that the left lower extremity pain is not as severe. Her pain is mostly present on the right side and rarely on the left side. Her pain has increased in her lower back due to work. She notes that her pain overall is aggravated with prolonged sitting, standing, and walking and is alleviated with the use of acupuncture, medications, and TENS. She is working full time. Her diagnoses are lumbosacral disc injuries, radiculopathy, and sprain/strain injury. She continues to work full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) electro acupuncture, infrared heat, myofascial release at 2x6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, 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 extensive prior acupuncture of unknown quantity and duration with some reported benefits. However, the provider fails to document any objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.