

Case Number:	CM14-0093677		
Date Assigned:	07/28/2014	Date of Injury:	08/28/2009
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/20/2014

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 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:

The Claimant is a 69-year-old male who sustained a work related injury on 8/28/2009. The claimant has had 6 sessions of acupuncture in 2014, 12 sessions of acupuncture in 2013, 14 in 2012 and 15 in 2011. Per a PR-2 dated 7/24/2014, the claimant has improved from six sessions of acupuncture in the low back. He is able to sit stand for longer periods and he is released back to work with no restrictions. Per a PR-2 dated 6/6/14, the claimant is having a flareup of pain of the neck and low back. The pain is increased with bending, sleeping, lifting, standing, walking, and activities. He is working with restrictions. His diagnoses are lumbar pain, cervical pain, lumbar sprain, and cervical sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 (with infra-lamp/medical supply/Kinesio tape) - cervical and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Low Back Chapter.

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 a short course of acupuncture for a flare-up in June. The treatment has increased his sitting/standing tolerance and he is released back to work without restrictions. Therefore, there was functional improvement from his acupuncture visits. Therefore, further acupuncture is medically necessary to continue reduce his flare-up.