MAXIMUS Federal Services

Case Number:	CM14-0096505		
Date Assigned:	09/15/2014	Date of Injury:	06/04/2012
Decision Date:	10/07/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 & 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 51 year old female who sustained a work related injury on 6/4/12. Per a PR-2 dated 8/18/2014, the claimant has pain in the neck, right shoulder, and lumbar spine. Her low back pain radiates down to both lower extremities. She just received certification for a lumbar epidural steroid injection. Her MRI study shows a bulge at L5-S1 with a posterior annular tear. Her diagnoses are lumbar myoligamentous injury with possible radicular symptoms, right hip myoligamentous injury with possible DJD, and cervical myoligamentous injury. She has had extensive conservative management with little relief. She has significant lumbar spine decreased range of motion and sensory deficits. She will proceed with the spinal injection. There is an initial acupuncture note dated 3/3/2014. Per a PR-2 dated 4/9/14, the claimant is mildly improved in terms of pain and the provider is requesting acupuncture. She is not working. According to a prior UR review dated 6/17/14, the claimant has been authorized for 6 recent acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times eight sessions.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 prior acupuncture of unknown quantity and duration with no documented benefits directly related to acupuncture. Since the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.