

Case Number:	CM14-0156615		
Date Assigned:	09/26/2014	Date of Injury:	09/27/2010
Decision Date:	01/14/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/24/2014

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 licensed 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 female who sustained a work related injury on 9/27/2010. Prior treatment includes psychotherapy, injections, physical therapy, acupuncture, right shoulder surgery, home exercise program, and medications. Per a Pr-2 dated 4/14/2014, acupuncture does provide her with significant pain relief in that she is able to avoid a significant amount of pain relief. She has been doing acupuncture once a week which helps control her symptoms. Per a AME dated 5/16/2014, she had improvement from acupuncture on a 6/20/13 and 8/23/13 PR report. Per a Pr-2 dated 8/15/2014, the claimant is doing relatively well. She continues to have right arm pain, but tolerable. She has had two epidural injections. She can't take any anti-inflammatory medications due to her lupus. She has restricted cervical range of motion, mild tenderness in the cervical area, and decreased grip strength. Her diagnoses are chronic intractable axial pain, bilateral upper extremity numbness, cervical canal stenosis, and history of right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS 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 prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.