

Case Number:	CM15-0127206		
Date Assigned:	07/13/2015	Date of Injury:	10/15/2007
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 injured worker is a 63 year old male, who sustained an industrial injury on September 13, 2007, incurring low back, hip, elbow, left knee and neck injuries after repetitive heavy lifting, bending and turning. He was diagnosed with cervicalgia, lumbar degenerative disc disease, facet arthropathy, lumbar stenosis, and cervical degenerative disc disease. Treatment included acupuncture, chiropractic sessions, three knee surgeries, transcutaneous electrical stimulation unit, epidural steroid injection, anti-inflammatory drugs, pain medications, physical therapy, and modified work duties. Currently, the injured worker complained of persistent neck, lower back and hip pain. He noted restricted range of motion secondary to chronic pain affecting his performance with activities of daily living. The treatment plan that was requested for authorization included acupuncture. Two sessions of acupuncture were authorized on 6/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Qty 8: 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 recently authorized. However, the provider fails to document objective functional improvement associated with the completion of the recently certified acupuncture. Therefore further acupuncture is not medically necessary.