

Case Number:	CM14-0144462		
Date Assigned:	09/12/2014	Date of Injury:	02/17/2010
Decision Date:	10/06/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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:

The claimant is a 42 year old male who sustained a work related injury on 2/17/2010. Prior treatment includes stellate ganglion block, left shoulder surgeries, physical therapy, trigger point injections, chiropractic, CESIs, home exercise program, and medications. He was declared permanent and stationary on 3/12/2012. His diagnoses are cervical spine myoligamentous injury with bilateral upper extremity syndrome, lumbar spine myoligamentous injury with bilateral lower extremity radicular syndrome, left shoulder adhesive capsulitis, left shoulder impingement syndrome, left shoulder acromioclavicular joint osteoarthritis, bilateral shoulder internal derangement, and medication induced gastritis. Per a PR-2 dated 7/11/2014, the claimant has neck, bilateral shoulders, and low back pain. His pain is reduced with medication only and increased with activities of daily living. According to prior UR determination, the claimant has received certification previously for six sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for three weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

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 either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of six visits. Therefore further acupuncture is not medically necessary.