

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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is 40 year-old female who was involved in a work related injury on 5/6/99. The claimant has constant low back pain despite prior lumbar spine fusion. The diagnoses are lumbar degenerative disease, postlaminectomy syndrome, anxiety, and depression. Aggravating factors are sitting and standing too long. She has discontinued narcotic medication and is using NSAIDs and conservative therapies. The claimant has had extensive physical therapy and acupuncture. No documentation on past or current treatment or therapies is submitted for review.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 acupuncture evaluation and treatment (no time frame/frequency/duration requested) for the low back is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Low Back Chapter, Table 2, Summary of Recommendations and the Acupuncture Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

According to evidence based guidelines, further acupuncture visits after an initial trial is based on functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The claimant has had extensive acupuncture therapy. However, there are no details of the request for acupuncture in terms of time frame, number of visits, or functional

improvement. In a progress report dated 1/2013, the primary treating physician states that the claimant is managing with acupuncture but it is unclear whether the claimant has had acupuncture this year.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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