

Case Number:	CM13-0002596		
Date Assigned:	12/11/2013	Date of Injury:	10/24/2012
Decision Date:	01/17/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/22/2013

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, has a subspecialty 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 patient is a 36 year old female with a date of injury of 10/24/2012. According to progress report 6/30/2013, the patient complained of low back pain radiating to the right leg and headaches. Her pain makes it difficult to concentrate. Significant objective findings include tenderness to palpation in the cervical paraspinal muscles, upper trapeze, lumbar paraspinal, SI joints, and right trochanteric bursa. Spurlings produced axial neck pain. Straight leg raise was positive on the right. The patient also had positive facet loading bilaterally and weakness on the right hip flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain and suggest that Acupuncture therapy may be extended if functional improvement is documented. According to the medical records provided for review, the patient has completed at least 18 acupuncture sessions and has indicated that acupuncture was helpful. However, there

was no evidence of objective functional improvement with acupuncture care. Therefore, the request for acupuncture is not medically necessary and appropriate.