

Case Number:	CM13-0015945		
Date Assigned:	10/11/2013	Date of Injury:	07/17/2002
Decision Date:	02/05/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician 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. 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 42 year old female who was involved in a work related injury on 7/17/2002. Per progress report dated 9/10/13, the claimant is complaining of low back pain radiating to the back of the leg and into the calf. Left lower extremity feels swollen and numb. Physical examination reveals tenderness to palpation in the low back with spasm. Range of motion is limited. SLR is positive. Her primary diagnose are degenerative disc disease, lumbar radiculopathy and lumbar facet treatment. Prior treatments include ESI, facet injections, radio frequency ablations, acupuncture, and oral medications. Six acupuncture visits were authorized as a trial on 7/22/2013. There is a initial report from an acupuncturist dated 8/13/2013. No further reports are submitted on acupuncture and there is no mention of completion or progress from the authorized acupuncture trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 Lumbar 6 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 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. A trial of six acupuncture visits was approved in July 2013. However the provider failed to document completion of the trial or of functional improvement associated with her acupuncture visits. Therefore further acupuncture is not medically necessary.