

Case Number:	CM13-0016853		
Date Assigned:	06/06/2014	Date of Injury:	02/15/2012
Decision Date:	07/11/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 64 year old male whose date of injury is 02/15/2012. The mechanism of injury is described as cumulative trauma. He was diagnosed with lumbar strain and facet arthropathy. Treatment to date includes medication management, acupuncture, and lumbar neurotomy bilateral L4-5 and L5-S1 on 11/28/12. Progress report dated 07/26/13 indicates the injured worker had a flare up of his low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX ACUPUNCTURE THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for six acupuncture therapy sessions is not recommended as medically necessary. The submitted records indicate the injured worker has undergone prior acupuncture; however, the number of sessions completed to date and the injured worker's objective functional response to treatment are not documented. There is no current, detailed physical examination submitted for review and no specific, time-

limited treatment goals are provided. Therefore, additional acupuncture sessions are not in accordance with California Medical Treatment Utilization Schedule (MTUS) guidelines.