

Case Number:	CM13-0017428		
Date Assigned:	10/11/2013	Date of Injury:	09/02/2011
Decision Date:	01/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/28/2013

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 46 year old female with a date of injury of 09/02/2011. According to the progress report dated 6/21/2013, the patient complained of constant, moderate, achy, and sharp low back pain radiating to the legs with numbness and tingling. Significant objective findings include +3 tenderness to palpation in the lumbar paravertebral muscles and paravertebral muscle spasms. The patient was diagnosed with lumbar musculoligamentous injury and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1-2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. The Guidelines indicate that acupuncture treatments may be extended if functional improvement is documented. According to the progress report dated 6/21/2013, the patient experienced low back pain. There was no

evidence in the submitted records of prior acupuncture. A trial of 3-6 treatments may be necessary at this time. However, the provider's request for 1-2 sessions per week over 6 weeks will exceed the guidelines recommended number of visits. The request for acupuncture 1-2 times a week for 6 weeks is not medically necessary and appropriate.