

Case Number:	CM13-0017459		
Date Assigned:	11/06/2013	Date of Injury:	06/06/2011
Decision Date:	01/16/2014	UR Denial Date:	07/23/2013
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 licensed 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 physician 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.

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 31 year old male with a date of injury of 6/6/2011. The patient was diagnosed with lumbar radiculopathy. According to the progress report dated 7/02/2013, the patient complained of low back and lower extremity pain. The pain is exacerbated by sitting at 90 degrees, lifting, and twisting. It is alleviated by lying on recliner or bed. His MRI of the thoracic demonstrated a small probably T6 hemangioma but is otherwise negative for disc bulge or herniation. Lumbar MRI demonstrated postlaminectomy changes at L4-L5 and L5-S1 with posterior protrusion of the L4-L5 and L5-S1 disc margins with suspected recurrent moderate left L4-L5 and possible small to moderate left L5-S1 disc herniation. There was a left L3-L4 posterolateral annular bulging. The patient noted improvement in his symptoms overall and states that he is 40% improved compared to how he was doing after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back twice a week for ten weeks: 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: The patient complained to low back pain and left lower extremity pain. The patient's physical therapy was discontinued by the insurance. The patient notes he is 40% improved compared to how he was doing after surgery. Regarding acupuncture, the acupuncture

medical treatment guidelines do recommend acupuncture for pain. The guidelines recommend a trial of 3-6 acupuncture sessions to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). There was no evidence that the patient started a trial of acupuncture. The provider's request for acupuncture twice a week for 10 weeks exceeds the guidelines recommend number of visits for acupuncture therapy. The request for 20 sessions of acupuncture is not medically necessary and appropriate.