

Case Number:	CM13-0021028		
Date Assigned:	11/20/2013	Date of Injury:	01/03/2005
Decision Date:	02/10/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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. 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 45-year-old female with date of injury 01/03/2005. Progress report dated 08/20/2013 by [REDACTED] indicated that the patient's diagnosis include left femoral nerve palsy. The patient continued with pain and numbness in the left lower extremity. The patient had reported that she completed a course of acupuncture recently which was helping with her symptoms. A request is made for an additional 6 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6: 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: This patient appears to continue to suffer with numbness and pain in the lower extremity which has been helped with acupuncture recently. The acupuncture medical treatment guidelines state that acupuncture treatments may be extended if functional improvement is documented. However, the treating physician only states that acupuncture treatments have been helping. No additional reporting of functional improvement was noted on

reports dated 08/20/2013, 07/09/2013, 06/04/2013, and 04/02/2013. Functional improvement can also be indicated by a reduction in the dependency on continued medical treatment. The treating provider does not provide documentation of adequate functional improvement in his reports. Therefore, recommendation is for denial.