

Case Number:	CM13-0022342		
Date Assigned:	11/13/2013	Date of Injury:	09/17/2008
Decision Date:	01/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/10/2013

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 Orthopedic Surgery, 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 claimant is a 39-year-old female who was injured in a work related accident on September 17, 2008. Recent clinical assessment for review includes a July 10, 2013 progress report with [REDACTED] where she was noted to be with subjective complaints of ongoing low back, right lower extremity pain with radiating numbness and tingling into the foot. It states she continues to utilize chiropractic care which temporarily improves her complaints. She is also utilizing medication management. Objectively there is motor weakness of 3/5 in the tibialis anterior and diminished sensation in an L4, L5 and S1 dermatomal distribution on the right. Electrodiagnostic studies reviewed showed evidence of right L5-S1 radiculopathy. Recommendations at that time were for continuation of chiropractic care and a referral to [REDACTED] for orthopedic complaints. A follow-up with [REDACTED] on July 29, 2013 recommended the claimant begin a course of acupuncture for her right hip for pain control due to lack of benefit with other recent forms of modalities. He described subjectively that she had recently undergone three sessions of acupuncture with only "some relief".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions, QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture.

Decision rationale: Based on California MTUS Guideline Acupuncture Guidelines, the role of continued acupuncture is only indicated if functional improvement over an initial three to six treatments is noted. The optimal duration of treatment would be one to two months. The records in this case would not indicate the role of eight additional sessions of acupuncture as the three initial sessions only provided minimal relief. The lack of documentation of significant benefit with this form of modality would fail to necessitate its continued use at this time.