

Case Number:	CM13-0025204		
Date Assigned:	11/20/2013	Date of Injury:	02/15/2007
Decision Date:	01/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/18/2013

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 and 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 29-year-old female with a date of injury of 2/15/2007. According to the medical follow-up report dated 8/01/2013, the patient had her second lumbar surgery with [REDACTED] and will follow up with him on August 5, 2013. The report stated that the patient has done well with acupuncture, physical therapy, and functional restoration. The provider stated that she is doing well, probably the best that he has ever seen since beginning care in 4/15/2010. Physical exam revealed loss of lordotic curvature and well-healed scars anteriorly and posteriorly. The patient has minimal palpable tenderness and holds her back in a guarded position. Sitting straight leg raise is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, twice a week X 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f) of the Medical Treatment Utilization Schedule, where functional improvement is defined as either a clinically

significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. The patient stated she was doing better with acupuncture. The chart notes from one of the patient's providers, L.Ac, OMD, stated that there was an increase in range of motion and strength but did not provide an objective measure as to how much of an increase. There was no objective functional improvement in the submitted documents. Therefore, an additional 12 acupuncture sessions are not medically necessary.