

Case Number:	CM13-0026244		
Date Assigned:	12/13/2013	Date of Injury:	01/06/2011
Decision Date:	02/13/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 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 female with a date of injury of 01/06/2011. According to the initial orthopedic evaluation dated 4/12/2013, the patient complained of ongoing back pain. The patient rated her pain at 8/10 with tingling and numbness in both legs. Coughing and sneezing produces back pain. The back pain is aggravated with standing, walking, twisting, and climbing stairs. Lumbar exam revealed severely decreased range of motion, straight leg test was mildly positive on the right and negative on the left. The patient was diagnosed with lumbar radiculopathy, obesity, chronic low back pain, right knee degenerative arthritis, and bilateral sacroiliac arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for four (4) weeks for the neck, back and right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines states that Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to the initial orthopedic evaluation dated 4/12/2013, the provider noted

that the patient has been treated with Tramadol, Tizanidine, Naproxen, physical therapy exercises, chiropractic care, and acupuncture. There was no documentation of function improvement with acupuncture treatment. Therefore, the provider's request for acupuncture 2 times a week for 4 weeks for the neck, back, and right shoulder is not medically necessary at this time.