

Case Number:	CM13-0026496		
Date Assigned:	11/22/2013	Date of Injury:	05/07/2008
Decision Date:	01/24/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/19/2013

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 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. 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 73 year old injured worker with a date of injury May 07, 2008. Records indicate that the patient had 6 authorized acupuncture sessions dated July 03, 2008 and 3 of the 12 requested acupuncture sessions was certified as of May 22, 2013. The patient has a total of 9 acupuncture sessions to date. According to the progress report dated August 29, 2013, the patient complained of ongoing low back pain especially at midday resulting from any repetitive bending, twisting or motion. Significant objective findings include tenderness to palpation and spasms throughout the lumbar spine, paraspinous musculature, and facet area. The pain was increased with extension and rotation. The patient had mild right L5 radiculopathy with negative straight leg raise. The patient was diagnosed with chronic low back pain, facet disease, disc degeneration, and disc desiccation at L3-4, L4-5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 12 weeks: 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 recommend acupuncture for chronic pain. The patient has chronic low back pain. Medical records indicate that the patient had a total of 9 acupuncture sessions to date. The guideline states that acupuncture treatments may be extended if functional improvement is documented as defined in the MUTS. There was no evidence or documentation of functional improvement in the submitted medical records. The request for additional acupuncture sessions once a week for 12 weeks is not medically necessary.