

Case Number:	CM13-0028300		
Date Assigned:	04/21/2014	Date of Injury:	09/25/1995
Decision Date:	07/25/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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 a licensed Doctor of 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 52-year-old male with a date of injury of 9/25/1995. According to the progress report dated 8/19/2013, the patient complained of bilateral low back pain. The pain is exacerbated with prolonged sitting, standing, lifting, and sneezing. Lying on the side helps reduce the pain. Significant objective findings include lumbar paraspinal tenderness, restricted lumbar range of motion, positive lumbar discogenic provocative maneuvers, and negative nerve root tension signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, 2 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE:

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 Guideline recommends acupuncture for pain. The guideline recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1 to 2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. There was no record of the

patient completing a trial of acupuncture treatments. Therefore, a trial of acupuncture is medically necessary. However, the guideline recommends a trial of 3-6 visits. The provider's request of 8 visits exceeds the guidelines recommendation and therefore it is not medically necessary at this time.