

Case Number:	CM13-0028630		
Date Assigned:	11/27/2013	Date of Injury:	07/11/2012
Decision Date:	02/13/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 expert reviewer is Licensed in Chiropractic & 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:

Claimant is a 23 year old male who sustained a work related injury on 7/11/2012. Primary diagnoses are lumbago, lumbar spine transitional vertebrae, lumbar disc protrusion, lumbar spine strain/strain. Prior treatment includes physical therapy, chiropractic, and oral medications. He has low back pain which is worse with walking or sitting for long periods of time. MRI findings show a 3mm broad based posterior protrusion with a associated annular fissuring at L4-L5. Claimant had 6 acupuncture visits certified as a trial on 9/11/2013. There is no documentation of completion of his acupuncture trial or of functional improvement related to the trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 6 weeks Lumbar spine (approved for 1 time a week for 6 weeks requested two times a week for 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 evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a

reduction in work restrictions. However the provider failed to document completion and/or functional improvement associated with the trial of acupuncture. Therefore, further acupuncture is not medically necessary.