

Case Number:	CM13-0030739		
Date Assigned:	11/27/2013	Date of Injury:	10/26/2007
Decision Date:	01/30/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 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 32 year old female who was involved in a work related injury on 10/26/07. She has low back pain, left buttock pain, left hip pain, and symptoms in her left lower extremity radiating to her left foot. Her diagnoses are lumbar disc disease, left hip bursitis, meralgia paresthetica, and left foot crush injury. An MRI scan shows she has a 5 mm disc protrusion at L5-S1, and a 2mm herniation at L4-L5. She has had physical therapy, pool therapy, injections, and oral medications. According to Pr-2s, she started a course of acupuncture in August 2013 and appears to have more visits authorized in October 2013 after the completion of some visits. No functional improvement or documentation of completion of acupuncture visits is found. Many notes are illegible due to being hand-written.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 (12 visits): 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 if there is documented functional improvement. "Functional

improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of functional improvement found in the submitted records, or of evidence of completion of the most recent acupuncture authorization. Therefore further acupuncture is not medically necessary.