

Case Number:	CM13-0031153		
Date Assigned:	12/13/2013	Date of Injury:	03/15/2013
Decision Date:	06/05/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/01/2013

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 licensed in Acupuncture and is licensed to practice in New York. 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 applicant filed a claim for a lumbar spine injury occurring when he carried two trays walking up stairs and tripped, twisted awkwardly, and felt pain in his lumbar spine. He immediately reported the incident, the next day the pain increased and he immediately went to the Urgent care clinic where he had X-rays taken. He then received six sessions of physical therapy. A diagnosis of lumbar strain, stenosis with multiple disc protrusions causing radiculopathy bilaterally to lower extremities documented. Applicant has decreased range of motion for all planes tested of the lumbar spine. Applicant is on modified duty and has had no acupuncture treatments prior. He has been treated with conservative methods, including physical therapy (an additional two visits to the previous six), X-rays, MRI's, pain medication and anti-inflammatory medications, topical ointments, home exercise program and epidural steroid injections have been requested. The pain is unbearable at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 12 VISITS 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: It is evident the applicant with his current course of treatment has not had great results, functional improvement or benefit to his condition, so an initial course of six acupuncture sessions would be reasonable, as per guidelines. However, the request of twelve sessions of acupuncture care, based on MTUS, section 9792.24.1.3.c., exceeds the guidelines for an initial course of therapy, therefore the request of twelve sessions is not medically necessary.