

Case Number:	CM13-0031761		
Date Assigned:	12/04/2013	Date of Injury:	07/09/2001
Decision Date:	06/27/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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 Board Certified in family Medicine and is licensed to practice in Tennessee, California and Florida. 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 injured worker is a 59 year old male whose date of injury is 07/09/2001. Office visit note dated 11/07/13 indicates that the injured worker complains of constant low back pain radiating into the left lower extremity rated as 6/10. Diagnoses are transitional vertebra lumbar spine, disc protrusion L5-S1 5 mm, radiculopathy L5 on the left, disc bulge T12-L1 (3 mm), lateral epicondylitis left elbow (subsequent injury), and partial tear of the left distal biceps (subsequent injury). The injured worker has had approximately 12 sessions of acupuncture over the last 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for 16 sessions of acupuncture is not recommended as medically necessary. Per note dated 11/07/13, the injured worker had completed approximately 12 visits of acupuncture over the preceding 6 month period. There are no objective measures of improvement documented to establish efficacy of

treatment and support additional sessions in accordance with CA MTUS guidelines. CA MTUS guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support continuing to exceed this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The request is not medically necessary or appropriate.