

Case Number:	CM13-0033167		
Date Assigned:	12/06/2013	Date of Injury:	07/10/2011
Decision Date:	06/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 Board Certified 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 53 year old female who was involved in a work related injury on 7/10/2011. She complains of having persistent low back pain. She also feels numbness and tingling in the first three digits of her right lower extremity. She feels swollen in her ankle as well as shooting pain along the right lower extremity. She states that the lower back pain is worsening and has been radiating up to her neck and mid back. Her diagnoses are lumbar herniated nucleus pulposus, myelopathy L3-L4, L4-L5, and L5-S1, lumbar radiculopathy and lumbar spine spondylosis. Prior treatment has included TENS, psychotherapy, acupuncture and chiropractic. The claimant had acupuncture in 2011 and also at least six visits in 2013 in September and October. According to a denial dated 12/2/2013, the provider has not responded to a request of more information regarding the functional improvement for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions one (1) time a week for six (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. The claimant has had acupuncture in the past; however the provider failed to document functional improvement associated with her acupuncture visits. It is also unclear how many treatments she has had. According to the documentation, she has had at least six visits from 9/4/2013- 10/13/2013 which constitutes as a trial. Therefore further acupuncture one time a week for six weeks is not medically necessary.