

Case Number:	CM13-0035001		
Date Assigned:	06/13/2014	Date of Injury:	10/22/2012
Decision Date:	07/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine, 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 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 62-year-old male who sustained injury to his low back on 10/22/12. The mechanism of injury is not specified. The clinical note dated 07/22/13 reported that the injured worker returned to the clinic due to increased low back pain. This has been present for approximately 2-3 weeks without a specific inciting event or trauma. The injured worker also complained of pain radiating down the right lower extremity and into the foot. Similar pain had been improved in the past with physical therapy. He has treated at home with ice, rest, heat, medication and modification of his home exercise program. Physical examination noted mildly positive straight leg raise on the right; right tibialis anterior and EHL at 4-/5; reflexes 2+ and symmetric in the Achilles. The injured worker was diagnosed with chronicle back pain. Status post right side L4-5 laminectomy/vasectomy and total facetectomy on the right side dated 10/31/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2x4 (8): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture is not medically necessary. The frequency/duration was not specified in the request. The previous request was modified to four visits on the basis that a trial of four visits was medically reasonable to demonstrate effectiveness. The Acupuncture Medical Treatment Guidelines states that with documentation of functional improvement following the trial, additional visits may be authorized. There was no information provided that would indicate the and your workers response to previous acupuncture therapy. Given the clinical documentation submitted for review, medical necessity of the request for acupuncture has not been established.