

Case Number:	CM13-0035046		
Date Assigned:	12/13/2013	Date of Injury:	11/14/2011
Decision Date:	02/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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 <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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.

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 35 year old female who was involved in a work related injury on November 14, 2011. She has low back pain radiating down to her left leg. Recently she had an epidural which made her pain worse. She has restricted range of motion in the neck and tenderness in her low back. SLR is positive on the left. Her primary diagnoses are cervical/thoracic/lumbosacral strain/arthrosis with neural encroachment in the lumbar spine, and secondary constipation. She has had 24 sessions of acupuncture authorized over the last year. Other treatments have included aquatic therapy, land based physical therapy, spinal injections, oral medications. On October 8, 2013, the requesting physician withdrew his appeal request due to lack of improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 sessions with electrical stimulation - lumbar spine: 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. There were no functional improvements from the trial of

acupuncture. In addition on October 8, 2013, the requesting physician withdraws his request for review for more visits due to the lack of functional improvement. Therefore further acupuncture is not medically necessary.