

Case Number:	CM13-0035242		
Date Assigned:	12/13/2013	Date of Injury:	08/17/2012
Decision Date:	01/30/2014	UR Denial Date:	09/19/2013
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 a licensed Chiropractor and Acupuncturist, 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:

Claimant is a 58 year old female who was involved in a work related injury on 8/17/12. The current diagnoses are displacement of lumbar intervertebral disc and lumbar radiculopathy. Her most recent report dated 11/6/2013 states that she has pain in the low back and radiation of pain into the right lower extremity. She has pain to palpation in the low back and reduced range of motion. Straight leg raise is positive and there is decreased sensation on the foot. She has had 12 acupuncture sessions approved to date. The primary treating physician states that acupuncture has helped but no functional improvement is documented. Prior treatments also include chiropractic, physical therapy, oral medications, and spinal injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 or more needles; without electrical stimulation, initial 15 minutes of personal one on one contact with the patient: 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 only medically necessary based on documented functional improvement. The

claimant has had at least 12 acupuncture sessions with no documented functional improvement. The physician states that is she better with acupuncture, but no details are given. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. In the absence of functional improvement, further acupuncture visits are not medically necessary.