

Case Number:	CM13-0035580		
Date Assigned:	12/13/2013	Date of Injury:	05/17/2012
Decision Date:	02/11/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic & 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 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 31 year old female who was involved in a work related injury on 5/17/2012. Her diagnoses are lumbosacral neuritis, lumbar herniated disc, and spinal stenosis. The physician reports that the claimant has low back pain and tight paraspinal muscles. Prior treatment includes aquatic therapy, physical therapy, epidural shot, chiropractic and oral medications. Per a PR-2 dated 12/19/13, the claimant is doing well with some tenderness to palpation over her paraspinal muscles. SLR is negative and she has full range of motion. Aggravating activities include vacuuming. Many PR-2s submitted are illegible. It is unclear whether the claimant has had prior acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x week for 6 weeks on 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, an initial trial of acupuncture consists of six visits. A request for sixteen visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated, further visits

may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. If this is not a request for an initial trial, there is no documentation of the functional improvement from prior acupuncture.