

Case Number:	CM13-0036692		
Date Assigned:	12/13/2013	Date of Injury:	06/28/2012
Decision Date:	02/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 licensed in Chiropractic care 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 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 47 year old male who was involved in a work related injury on 6/28/12. His diagnoses are low back pain, degenerative lumbar disc, sciatica, bulging disc, numbness, and left toe pain. He has chronic low back pain and sciatica symptoms. The claimant has had physical therapy, chiropractic, acupuncture, and narcotic medications. The physician states that the claimant has partially responded to conservative care which includes acupuncture. Claimant had acupuncture in 2012 but the exact number is unknown. Claimant also had acupuncture in 2013 on at least these dates: 10/9/2013, 10/16/2013, 8/28/2013, 9/11/2013, 9/25/2013, and 8/21/2013. The physician request acupuncture for pain control and also for functional improvement. However there is no mention of pain reduction or functional improvement from the completed acupuncture.

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 with electrical simulation initial 15 minutes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's 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. However the provider failed to document functional improvement associated with the claimant's acupuncture visits. There was acupuncture performed in the past and also more recently on 10/9/2013, 10/16/2013, 8/28/2013, 9/11/2013, 9/25/2013, and 8/21/2013. It is unclear how many total acupuncture visits the claimant has received. Therefore, further acupuncture is not medically necessary.