

Case Number:	CM13-0037614		
Date Assigned:	01/15/2014	Date of Injury:	08/09/2004
Decision Date:	03/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/01/2013

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 male who sustained a work related injury on 8/9/2004. His primary diagnoses are piriformis syndrome and status post left hemilaminectomy. Prior treatment includes physical therapy, injections, botox injections, acupuncture, oral medication, and left hemi-laminectomy. Per a PR-2 dated 10/10/2013, the physician notes that the most recent four acupuncture sessions helped the claimant somewhat but he has slightly worsened from a hiatus of acupuncture. The first 14 sessions of acupuncture was very helpful to the claimant. He was able to return to work and symptoms improved up to 75 percent in capacity of activity of daily living. The last 10 sessions of acupuncture have not yielded any substantial functional improvement. The provider also has not noted any remaining functional deficits or acute flare-up of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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. The claimant initially had substantial functional improvement associated with his acupuncture visits and the treatment helped return him to work. However with the last two sets of acupuncture therapy, there was no functional improvement noted. A short course of acupuncture may be necessary for flare-ups. However, there is no acute flare-up documented and the provider has only noted that the claimant is slightly worsened from a hiatus of acupuncture. Therefore further acupuncture is not medically necessary.