

Case Number:	CM13-0040491		
Date Assigned:	12/20/2013	Date of Injury:	02/14/1989
Decision Date:	02/20/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 Chiropractics, has a subspecialty in 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:

The patient is a 76-year-old male with a date of injury of 2/14/1989. According to the progress report dated 9/9/2013, the patient indicated that the pain is about the same. The patient's physical examination revealed non-antalgic gait, slow but unguarded movement, and no pain behaviors displayed. The patient was diagnosed with lumbar spondylosis without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to the letter submitted by [REDACTED] dated 9/23/2013, the patient has done extremely well with continued acupuncture. The patient uses no medications, has normal activities of daily living, and exercises routinely. There was evidence of functional improvement in the submitted documents; therefore, the provider's request for 6 additional acupuncture treatments is medically necessary at this time.

