

Case Number:	CM13-0040911		
Date Assigned:	12/20/2013	Date of Injury:	04/02/1995
Decision Date:	02/13/2014	UR Denial Date:	09/26/2013
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 certified in Chiropractic, 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 68-year-old male with a date of injury of 04/02/1995. According to the record dated 9/13/2013 by [REDACTED], the patient complained of low back pain that radiates into the bilateral posterior thighs. He denied focal weakness and bowel and bladder changes. The patient reported activities such as bending, sitting, and twisting at the waist increase his pain. Physical examination of the lumbar spine reveals paravertebral muscle tenderness bilaterally, spinous process tenderness at L4 and L5, and trace reflexes. Muscle strength revealed 4/5 on the right ankle dorsiflexors and 5/5 on the left. There was decreased sensation to light touch over the right lateral calf. The patient was diagnosed with lumbar radiculitis, chronic pain syndrome, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x wk x 3wks for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a

week over 1 to 2 months to produce functional improvement. The records indicate that the patient had chronic low back pain and has tried chiropractic and physical therapy. There is no evidence that the patient had prior acupuncture treatments in the past. A trial of acupuncture meets guideline requirements. Therefore, the provider's request for acupuncture twice a week for 3 weeks is medically necessary at this time.