

Case Number:	CM13-0046710		
Date Assigned:	12/27/2013	Date of Injury:	10/12/2001
Decision Date:	02/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 was a 61 year old female with complaints of low back pain resulting from an injury on 10/12/2001. The patient was noted as requesting no medicinal treatment on 09/19/2013. The patient participated in a home exercise program and was documented to get relief from a TENS unit. The patient was seen on 11/26/2013 for her low back pain. The documentation notes the patient had pain relief resulting from her acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions 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 request for acupuncture 6 sessions lumbar spine is non-certified. The Acupuncture Medical Treatment Guidelines state that acupuncture treatments may be extended if functional improvement is documented. The patient participated in an unknown number of acupuncture treatments. The outcome of said treatments was noted as helped with pain. However, there were no objective findings of functional improvement. Furthermore the duration of treatment is not specified in the request. The optimal duration of treatment per guidelines is 1-

2 months. The duration of treatment is essential when assessing treatment for efficacy and adjustment for the patient. Given the information submitted for review the request for acupuncture 6 sessions is non-certified.