

Case Number:	CM13-0048568		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2012
Decision Date:	02/27/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/06/2013

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, 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 injured worker is a 31 year old male who reported low back pain from an injury sustained on 8/16/2012. The patient was reaching for a tool when he felt a pop in the low back. EMG/NCV dated 04/2/13 was unremarkable. MRI dated 3/26/13 revealed L2-L3 disc desiccation. The patient was diagnosed with lumbar disc herniation and lumbar radiculitis. The patient has been treated with medication, physical therapy and acupuncture. Additionally, the patient was re-evaluated to determine if care has been beneficial and/or if further treatment is necessary. Per review of evidence, the patient has had 8 acupuncture treatments, however; the progress has not been documented. The patient did not report symptomatic or functional improvement with prior treatment. In addition, the patient has had extensive physical therapy treatments. Per notes dated 9/25/13, the patient reports no change in symptoms. Pain in the low back has been on and off, however, there was increase in range of motion. The patient's progress has come to a plateau. He still remains symptomatic and out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times a week for 4 weeks, to the low back: Upheld

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: Per review of evidence the patient had 8 Acupuncture treatments however the progress has not been documented. The Patient did not report symptomatic or functional improvement with prior treatment. Per notes dated August 14, 2013, "acupuncture makes his symptoms worse". The patient has not had any functional improvement with treatment. Per guideline and review of evidence, 8 Acupuncture visits are not medically necessary.