

Case Number:	CM13-0049112		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2012
Decision Date:	02/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/07/2013

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 a licensed Chiropractor 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 claimant is a 28 year old male who sustained a work related injury on 4/4/12. Claimant has spasms and low back pain radiating down to the buttock area. He has myofascial pain and decreased range of motion. His primary diagnosis is lumbar sprain with disc bulge. Prior treatment includes physical therapy and duty modification, shock therapy, TENS, acupuncture, and oral medication. He had acupuncture from February to April of 2013 and noticed slight improvement. He had a flare-up of pain on 10/9/13 had a hard time doing any functional activity. He has side effects such as nausea and stomachaches from pain medication. Six acupuncture visits were certified on 10/31/2013 to address his flare up. There is no documentation of the completion of the acupuncture or of any functional improvement associated with the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 6Wks Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 had an initial trial in early 2013. However the provider failed to document functional improvement associated with his acupuncture visits. Without functional improvement, future acupuncture is not medically necessary. However, the claimant had a flare-up, and six additional visits were approved because the reviewer approved another trial of acupuncture due to the intolerance of medication. There is no documentation of completion or of functional improvement associated with those visits. Therefore further acupuncture is not medically necessary. Since this is a request for 12 acupuncture visits for his flare-up, 12 visits is not substantiated due to his lack of functional improvement from his trial in early 2013.