

Case Number:	CM13-0049209		
Date Assigned:	04/07/2014	Date of Injury:	10/02/2011
Decision Date:	06/10/2014	UR Denial Date:	10/29/2013
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 Acupuncturist, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a female employee of [REDACTED], employed as a [REDACTED], responsible for and not limited to baking tamales who has filed a claim for pain in her lower back radiating bilaterally to lower extremities. On October 2, 2011 the claimant slipped and fell while walking into the freezer section at her job site, landed on her buttocks and hit her head on the concrete. She experienced immediate pain in her lower back and head. She immediately notified her employer of the fall and on the third after the incident, she went to the employer's doctor and received pain medication. Evidently, in 2011, the applicant underwent a MRI of her lumbar spine which revealed disc protrusions level with L4 - S1. On 6/28/13, claimant received epidural injections to L5 - S1 and was determined temporary totally disabled. Since the incident she has been treated with pain medication, muscle relaxants and NSAIDS. In 7/9/13, her orthopedist reported elevated liver enzymes and documented the applicant didn't feel much improvement after the epidural. The claimant received greater than 45 acupuncture therapy sessions, physical therapy and participated in a sleep study program where it was determined she has a sleeping disorder. In September 2013, at an office visit, the claimant stated she continues to suffer with neck and low back pain radiating bilaterally to upper and lower extremities. At the date of the determination, 10/29/13, the claim administrator denied additional acupuncture therapy for the applicant since prior acupuncture treatments resulted in no real benefit in functional improvement nor has sufficient evidence been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 TIME PER WEEK FOR 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Treatment Guidelines, acupuncture treatments may be extended if there is evidence of functional improvement as in defined in the MTUS. In this case, the claimant has had prior acupuncture care without any real benefit or evidence of functional improvement. Therefore, the request for acupuncture treatment once a week for four weeks is not medically necessary and appropriate.