

Case Number:	CM13-0050167		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2007
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/11/2013

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 Board 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 a 53-year-old female with a date of injury of 10/20/2007. According to the progress report dated 10/03/2013, the patient complained of low back pain. The patient described the pain as aching, burning, constant, and sharp, numbness, and tingling. The pain radiates to the bilateral lower extremity. The pain was rated at 8/10. Activities exacerbate her symptoms. Significant objective findings includes moderate right paraspinal muscles and over the SCS IPG, decreased range of motion in flexion and extension, positive facet loading on the left, and negative straight leg raising bilaterally. Patrick's test was negative on the right and positive on the left. The patient was diagnosed with lumbar postlaminectomy syndrome 722.83.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 12 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommends acupuncture for chronic pain. It states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). There was evidence that the patient had prior

acupuncture sessions. The patient was authorized at least 24 acupuncture sessions from 9/12/2012 to 11/02/12. The patient reported obtaining significant benefits from acupuncture. According to a letter from the acupuncture provider, the patient had significant improvement that enable her to be more functional with less pain. However, there was no documentation of objective functional improvement from acupuncture. Based on the lack of documentation of functional improvement from previous acupuncture session, the provider's request for 12 additional acupuncture session is not medically necessary.