

Case Number:	CM13-0050726		
Date Assigned:	04/09/2014	Date of Injury:	01/19/2012
Decision Date:	05/09/2014	UR Denial Date:	11/02/2013
Priority:	Standard	Application Received:	11/14/2013

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 Medicine; 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 45 year old male with a date of injury of January 19, 2012. According to the progress report dated October 01, 2013, the patient complained of headaches, right elbow pain, difficulty sleeping, stress, anxiety, depression, and sharp shooting pain to left lower extremity. There was tenderness at the medial and lateral malleolus with full range of motion. Sensation was intact and motor strength was decreased in the right upper extremity. The lumbar spine exam revealed non-antalgic gait with no scoliosis noted. There was tenderness and muscle spasms over the bilateral lumbar paraspinals and sciatic notches. The straight leg raise was positive at 50 degrees on the left. Lumbosacral facet loading maneuver was positive bilateral. There was a slight decrease in sensation at L4 and L5 dermatome in the left lower extremity. The motor strength was 5/5 at the bilateral lower extremities and no atrophy was noted. The patient was diagnosed with lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE LUMBAR SPINE (12 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommend acupuncture for pain. Guidelines recommend a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It noted that acupuncture treatments may be extended if there is documentation of functional improvement. There was no record of the patient having tried acupuncture prior to the provider's request dated October 01, 2013. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommend 3-6 visits. The provider's request for 12 acupuncture sessions which exceeds the guidelines recommendation of an initial trial of 3-6 visits. Therefore, the provider's request for 12 acupuncture sessions is not medically necessary.