

Case Number:	CM13-0050867		
Date Assigned:	12/27/2013	Date of Injury:	03/03/2013
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 42-year-old male who sustained an injury on 03/03/2013 which resulted in low back and upper back pain. The patient underwent an EMG on 09/30/2013 which had impression of evidence of mild acute S1 radiculopathy on the right. The patient underwent acupuncture treatments with noted good outcome to the cervical spine pain and getting temporary relief for the lumbar spine pain. The re-evaluation for acupuncture dated 09/27/2013 was illegible. It is unclear how many sessions of acupuncture treatment the patient underwent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments one (1) time a week for six (6) weeks to the cervical and lumbar spine: 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 request for acupuncture to the cervical spine and lumbar spine 1 time a week times 6 weeks is non-certified. The California Acupuncture Medical Treatment Guidelines state the time to produce functional improvement in patients being treated with acupuncture is 3 to 6 treatments. The documentation submitted for review was unclear how many treatments the

patient had undergone. Furthermore, the efficacy of treatment was not documented objectively to support the need for further acupuncture treatments. The acupuncture treatment guidelines state that treatments may be extended if functional improvement is documented. There were no objective findings of functional improvement. Given the information submitted for review, the request for acupuncture cervical and lumbar spine 1 time a week times 6 weeks is non-certified.