

Case Number:	CM13-0051072		
Date Assigned:	06/09/2014	Date of Injury:	05/15/2013
Decision Date:	07/14/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Medicine, and is licensed to practice in California, Florida, and Tennessee. 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 injured worker is a 38-year-old who sustained an injury to his low back when he slipped and fell on May 2013. Treatment to date has included six physical therapy visits on June 11, 2013 and an additional twelve visits dated September 4, 2013. The injured worker reported ongoing low back pain that radiates into the bilateral lower extremities. Physical examination noted tenderness with muscle spasms and decreased lumbar range of motion. MRI of the lumbar spine revealed no evidence of fracture, subluxation, scoliosis or herniation; annular fissuring at L3-4, L4-5 and L5-S1 and mild bilateral foraminal narrowing at L5-S1. EMG (electromyogram)/NCV (nerve conduction velocity) tests were unremarkable. The injured worker was diagnosed with a lumbar sprain/strain with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF ACUPUNCTURE: 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: Previous request was denied on the basis that there was yet no indication for requesting 12 visits of acupuncture therapy. The California Medical Treatment Utilization

Schedule (CAMTUS) guidelines recommend one to three visits per week times one to two months. Acupuncture treatment may be extended if functional improvement is documented. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Acupuncture Medical Treatment Guidelines recommendations, either in frequency or duration of acupuncture therapy visits. The request for twelve sessions of acupuncture is not medically necessary or appropriate.