

Case Number:	CM13-0051489		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2013
Decision Date:	03/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

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 and 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 reported to be a 38 year old who sustained an industrial injury on 5/20/13. The patient reportedly bent down and when she stood up she felt pain. The patient was under chiropractic management with [REDACTED] who requested Acupuncture care on 9/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The chiropractic records from [REDACTED] reflect an initial request for acupuncture care on 7/9/13, followed by two additional submissions for acupuncture on 8/22/13 and 9/20/13. The request for additional acupuncture care was accompanied by acupuncture charting from [REDACTED], identifying needle placement and presenting quality of complaints. No examination findings were provided documenting functional gains or the number of completed acupuncture visits. The California MTUS Acupuncture Treatment Guidelines require the requesting provider to supply clinical evidence of functional improvement prior to

consideration of additional care beyond the initial trial of care (3-6 sessions). Therefore, the request cannot be certified.