

Case Number:	CM13-0053302		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2006
Decision Date:	04/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Doctor of 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:

Claimant is a 46 year old male who sustained a work related injury on 2/27/2006. Per a Pr-2 dated 2/4/2014, the claimant has debilitating low back pain and increased pain in the right elbow. His primary diagnoses are lumbar myoligamentous injury with associated facet joint hypertrophy, herniated nucleus pulposus, central and foraminal stenosis, left lower extremity radiculopathy, and reactionary depression/anxiety. Prior treatment includes physical therapy, oral medications, trigger point injections, spinal cord stimulator, aqua therapy, and intrathecal infusion pump. He has a number of co-morbidities including uncontrolled severe hypertension and coronary artery disease. No prior acupuncture is documented. The provider has requested for an initial trial of acupuncture several times.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN ACUPUNCTURE SESSIONS FOR THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, an initial trial of acupuncture consists of four to six visits. A request for ten visits exceeds the recommended number and

therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. If this is not a request for an initial trial, there is no documentation of prior treatment or of functional improvement associated with acupuncture. Therefore ten acupuncture visits are not medically necessary.