

Case Number:	CM13-0053958		
Date Assigned:	04/16/2014	Date of Injury:	08/09/2013
Decision Date:	05/23/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/10/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Arizona. 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:

This injured worker developed back pain after a work-related injury on 8/9/13 when he lifted a 5-gallon bucket containing wet cement weighing about 50-60 pounds. Subsequently, he was seen by a couple of physicians. In September, a physician provided a detailed description of his back pain; he was diagnosed with thoracic and lumbar strain as well as bulging discs in the lumbar area. The physician recommended physical therapy for 4 weeks and acupuncture. A medical reviewer did not certify the need for acupuncture because too many services were ordered; these included physical therapy, acupuncture, orthopedic evaluation and consultation for medical and pain management. He has prior history of back injury 10 years ago when he was treated with physical therapy, acupuncture and epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines say that acupuncture is used as an option when pain medication is reduced or not tolerated. The records provided for review show that the injured

worker was diagnosed with thoracic and lumbar strain as well as bulging discs in the lumbar area. The physician recommended physical therapy for 4 weeks and acupuncture. The injured worker needs to try to physical therapy first and some simple non-steroidal type medication. Therefore, the requested acupuncture is not medically necessary and appropriate.