

Case Number:	CM13-0060071		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2012
Decision Date:	05/16/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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 Psychology and is licensed to practice in Texas. 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 28 year old male who sustained a work related injury on 6/26/2012. Prior treatment includes chiropractic and oral medication. Per a PR-2 dated 12/5/2013, the claimant has low back pain that is sharp. It radiates to the left leg with numbness, tingling, and weakness. It is aggravated by prolonged sitting/standing and bending over. Diagnoses includes cervical and lumbar radiculopathy, lumbar and cervical sprain, myofascial pain syndrome. No prior acupuncture is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE LOW BACK AND NECK (1 TIME PER WEEK FOR 8 WEEKS): 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 is indicated for chronic pain. However a request of eight visits exceeds the maximum recommendation for an initial trial. A request of six or less may be considered medically

necessary. Upon documented functional improvement, further visits may also be necessary. However a request of eight visits is not medically necessary.