

Case Number:	CM13-0062214		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2013
Decision Date:	05/16/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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 Chiropractic Care, 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:

The patient is a 28 year old male with a date of injury of 2/15/2013. According to the progress report dated 10/09/2013, the patient complained of low back pain, numbness, and tingling radiating to both legs. In addition, the patient experienced anxiety and depression. Significant objective findings included decreased and pain range of motion, lumbar paraspinal tenderness, sciatic notches tenderness, and positive straight leg raise. There was multilevel disc disease from L4-L4 through L-5-S1. The patient was diagnosed with lumbar sprain/strain, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE (12 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines recommends a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. It states that acupuncture treatments may be extended if there is documentation of functional improvement. There were no evidence that the patient had prior acupuncture sessions from the provided

medical records. Based on the medical records, the current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommend 3-6 visits. However, the provider has requested 12 acupuncture session, which exceeds the recommended number of visits for an initial trial. Therefore, the provider's request for 12 acupuncture visit is not medically necessary.