

Case Number:	CM13-0063702		
Date Assigned:	12/30/2013	Date of Injury:	07/08/2011
Decision Date:	03/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified 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:

Claimant is a 67 year old male who was involved in a work related injury on 7/8/2011. Primary diagnoses are lumbosacral strain/arthrosis/discopathy with stenosis and right hip arthrosis. The pain worsens with prolonged standing. Prior treatment has included 12 sessions of acupuncture, oral medication, lumbar epidural steroid injection, physical therapy, and chiropractic. Per a Pr-2 dated 1/27/2014, the claimant has pain in the low back and the hip. The physician states that the claimant had 50% improvement, decreased medication consumption, and increased flexibility from 12 sessions of acupuncture. Per a PR-2 dated 11/27/2013, the provider states that the claimant had 40% improvement from acupuncture, decreased pain medication and increased his flexibility and activities of daily living temporarily. Acupuncture notes are submitted but do not detail any functional improvement. Per a PR-2 dated 6/26/2013, the provider states that the claimant had 18 sessions of acupuncture with temporary benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) visits of Acupuncture with Electrical Stimulation, 2x3 weeks to the Lumbar Spine:
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, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. However the provider failed to document functional improvement associated with his acupuncture visits. The provider is inconsistent in documenting the number of visits rendered on different PR-2s. He also is inconsistent on levels of improvement. There are no objective changes in examination findings, prescribed medications, or other functional gains noted. Therefore further acupuncture is not medically necessary.