

Case Number:	CM13-0063925		
Date Assigned:	01/03/2014	Date of Injury:	06/22/2010
Decision Date:	05/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 49 year old female who sustained a work related injury on 6/22/2010. Diagnoses includes lumbar disc with radiculitis, degeneration of lumbar disc, and low back pain. Prior treatment includes chiropractic, physical therapy, and oral medication. Per a Pr-2 dated 11/14/2013, she has low back and bilateral lower extremity pain. She also has lower extremity numbness, tingling, and weakness. She continues to have severe pain and is unable to perform ADLs. The claimant has had prior acupuncture authorized. She did not go due to anxiety of needles. Per a Pr-2 dated 5/7/2013, she was ready to try acupuncture again and an extension on dates of her acupuncture was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ACUPUNCTURE SESSIONS 2 TIMES A WEEK FOR 3 WEEKS: Overturned

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 medically necessary for chronic pain. The claimant has chronic severe pain of long duration.

Although claimant had prior acupuncture authorized, she is stated to have never attended the sessions. Therefore an initial trial of six sessions is medically necessary.