

Case Number:	CM13-0066938		
Date Assigned:	01/03/2014	Date of Injury:	07/01/2013
Decision Date:	04/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 07/01/2013 after she pushed a heavy object, which reportedly caused injury to her low back. The patient's treatment history included chiropractic care and physical therapy. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation in the paravertebral lumbar musculature with restricted range of motion secondary to pain. A treatment recommendation was made for acupuncture in combination with a home exercise program and completion of the remaining prescribed sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNCTURE FOR THE LUMBAR SPINE, TWO (2) TIMES PER WEEK OVER FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Outpatient acupuncture for the lumbar spine, two (2) times per week over four (4) weeks is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule do recommend the use of acupuncture as an adjunct therapy

in the management of chronic pain. The clinical documentation submitted for review does not indicate that the patient has previously participated in any acupuncture treatments. The California Medical Treatment and Utilization Schedule recommend an initial trial of 6 visits to establish the efficacy of treatment. The requested 8 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested Outpatient acupuncture for the lumbar spine, two (2) times per week over four (4) weeks is not medically necessary or appropriate.