

Case Number:	CM13-0069467		
Date Assigned:	01/17/2014	Date of Injury:	09/12/2013
Decision Date:	05/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 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:

This is a 29 y/o male patient with complains of lower back pain. Diagnosis: sciatica. Previous treatments included: oral medication, physical therapy, self care and work modifications. As the patient continued symptomatic, with reduced function-ADLs, a request for an acupuncture trial x12 was made on 12-04-13 by the PTP. The requested care was denied on 12-11-13 by the UR reviewer. The reviewer rationale was "there is little documentation of physical findings to go on. Also acupuncture x12 exceeds the guidelines; consequently is not supported by the MTUS as medically and necessary".

IMR ISSUES, DECISIONS AND RATIONALES

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

12 INITIAL ACUPUNCTURE VISITS FOR THE LUMBAR SPINE TWICE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, self care

and work modifications) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.