

Case Number:	CM13-0071694		
Date Assigned:	01/08/2014	Date of Injury:	07/15/1996
Decision Date:	07/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 & 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 70 year old female who sustained a work related injury 7/15/1996. Per a PR-2 dated 11/20/2014, the claimant has low back, leg, and knee pain and right foot drop. She also has back pain that shoots down to her legs. There is decreased lumbosacral range of motion and tenderness to palpation to the back region. Her diagnoses are failed back syndrome, right foot drop, bilateral knee degenerative joint disease, lumbosacral fusion, lumbosacral disc injury, and lumbosacral radiculopathy. Prior treatment includes surgery, injections, oral medication, topical medication, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO-ACUPUNCTURE 2 TIMES PER WEEK FOR 4 WEEKS WITH INFRARED AND MYOFASCIAL BILATERAL KNEE AND 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, an initial trial of acupuncture consists of six visits. A request for eight visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may

be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. If prior acupuncture has been done, there is no evidence of functional improvement to justify further acupuncture.