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| Case Number: | CM14-0001376 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 05/11/2004 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 01/04/2014 |

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 claimant is a 57-year-old male who sustained a work related injury on 5/11/2004. He has low back pain, nerve spasms, and sharp pain radiating down to the right lower extremity. Per a progress report dated 10/21/2013, the claimant has completed 8/8 sessions of acupuncture. He reports 60-70% pain relief, functional gain and activities of daily living (ADLs) improvement. Prior treatment includes physical therapy, transcutaneous electrical nerve stimulation (TENS), oral medication, acupuncture, topical medication, and lumbar surgery. His diagnoses include low back pain, sciatica, numbness, and status post laminectomy. The diagnostic studies show chronic L5/S1 radiculopathy. Per a progress report dated 12/4/2013, the claimant symptoms are unchanged. He is off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL ACUPUNCTURE X 12 VISITS (2 TIMES A WEEK) FOR THE LOW BACK:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, PAIN, Suffering, and the Restoration of Function Chapter.

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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had an initial trial of acupuncture; however, the provider failed to document objective functional improvement associated with the completion of his acupuncture visits. Reduction of pain is not sufficient to document functional improvement. Therefore, further acupuncture is not medically necessary.