

Case Number:	CM14-0003300		
Date Assigned:	01/31/2014	Date of Injury:	01/28/2011
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/08/2014

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 licensed in Acupuncture and is licensed to practice in New York. 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 applicant is a represented male, employed by [REDACTED] as a retail manager who has filed a claim for an industrial injury to his lumbar spine causing pain in the lower back, radiculopathy to the lower left leg including tingling on the toes of the left foot. The treating physician/orthopedist noted palpable tenderness along the para spinal musculature, muscle spasms and restricted range of motion due to the pain and stiffness. Later, the applicant's diagnosis is lumbar sprain/strain. The mechanism of injury not provided. Since this incident on 1/28/11, the applicant underwent care with an orthopedist, twelve previous sessions of acupuncture reported to have helped him and pain and anti-inflammatory medications. Throughout the years, MRI's obtained positive for disc protrusion and degeneration and epidural steroid injections had been administered. As mentioned just above, he had previous acupuncture treatments without demonstrating functional improvement in daily activities, pain, or palpatory findings. Before 12/24/13, date of the utilization review determination, the applicant had received acupuncture as a course of treatment without documented results. Clinical demonstration of physical rehabilitation or other passive modalities is non-existent. The claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy and did not certify such noting the applicant has not shown any functional improvement consistent with measurable goals according to CA MTUS definition.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had prior acupuncture care without any real benefit or evidence of functional improvement. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional acupuncture therapy is not medically necessary.