

Case Number:	CM14-0004826		
Date Assigned:	01/24/2014	Date of Injury:	08/07/2013
Decision Date:	06/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 plumber who has filed a claim for a traumatic injury to his lumbar spine when lifting twenty, fifty-sixty pound bags of cement and handing off to a coworker on 8/7/13. Immediately following this task, he felt a sharp pain in his lower back. The applicant's diagnosis, documented by his primary physician, is as a lumbar strain/sprain. Since the incident occurred and as per the nurses report, the applicant underwent various chiropractic treatments and massages, and obtained X-rays. Conservative forms of treatment also administered including pain medications, topical compounded ointments, home exercises, anti-inflammatory and muscle relaxant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES PER WEEK FOR SIX WEEKS IN TREATMENT OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is evident based on review of the provided medical records the applicant has pain with decreased range of motion in his lumbar spine. Based on the MTUS guidelines

section 9792.24.1, acupuncture can be used to reduce pain, inflammation, increase range of motion and blood flow, and decrease muscle spasms. 3-6 visits is the time allowed for an initial short course of therapy; however, this request for initial 12 visits of acupuncture care exceeds frequency allowed by MTUS guidelines; therefore is not medically necessary.