

Case Number:	CM14-0005960		
Date Assigned:	03/03/2014	Date of Injury:	10/15/2013
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine 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 42-year-old male who has submitted a claim for lumbar sprain associated with an industrial injury date of October 15, 2013. Medical records from 2013 were reviewed. Patient complains of intermittent low back pain rated 7-8/10 with numbness and tingling sensation on left calf. Upon physical examination, the patient has antalgic gait with tenderness and spasm on paraspinal muscles and left gluteal muscles. Treatment to date has included physical therapy and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TIMES 4 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that the time to produce functional improvement is 3-6 treatments. In this case, patient has persistent low back pain despite physical therapy, chiropractic care, and

intake of medications. A trial of acupuncture treatment is a reasonable option at this time. However, the request failed to specify the body part to be treated. Furthermore, previous utilization review from December 23, 2013 has certified 4 visits to acupuncture. Therefore, the request for acupuncture x 4 visits is not medically necessary.