

Case Number:	CM14-0107734		
Date Assigned:	08/01/2014	Date of Injury:	11/16/2013
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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, has a subspecialty in 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:

This case involves a 42 year old male who sustained a work related injury on 11/16/2013. His diagnoses are cervical, thoracic and lumbar sprain/sprain and bilateral inguinal strain/sprain. Prior treatment includes chiropractic, medications, physical therapy, and activity modification. Pre the report dated 5/22/2014, the claimant complains of neck, mid back, low back and bilateral groin pain. He has low back pain radiating to the right lower extremities down to the toes with numbness and tingling. There is bilateral testicular pain with the pain increasing with lifting, sitting, walking, and forward bending. The injured worker is not currently working. The provider requests an initial authorization to acupuncture of 8 sessions. Eight visits of acupuncture were certified on 4/17/2014 and an initial acupuncture note was submitted 03/03/2014. Eight visits of acupuncture were certified on 4/17/2014. An initial acupuncture note was submitted for 3/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Mid Back, Low Back, Bilateral Groin X8 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 prior acupuncture of unknown quantity and duration. There is an acupuncture note in March 2014 and another authorized set of eight visits in April 2014. However the provider failed to document functional improvement associated with the completion of his acupuncture visits and requesting another initial trial. Therefore further acupuncture is not medically necessary.