

Case Number:	CM14-0015173		
Date Assigned:	02/28/2014	Date of Injury:	09/17/1997
Decision Date:	06/27/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 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:

Claimant is a 49 year old male who sustained a work related injury on 9/17/1997. Six acupuncture sessions were approved on 1/20/2014. Per a Pr-2 dated 1/9/2014, the claimant has low back pain that has increased due to cold weather. Quality of sleep is poor. Prior treatment includes spinal cord generator, spinal surgery, physical therapy, oral medication, and topical medication. His diagnoses are post lumbar laminectomy, spinal lumbar degenerative disc disease, low back pain, and lumbar radiculopathy. The claimant is permanent and stationary and not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF ACUPUNCTURE THERAPY FOR THE LOW BACK:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL 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 approved; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines for an initial trial. Therefore, the request for twelve (12) sessions of acupuncture therapy for the low back is not medically necessary and appropriate.