

Case Number:	CM14-0015208		
Date Assigned:	02/28/2014	Date of Injury:	06/15/2013
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 and 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 52 year old male who sustained a work related injury 6/15/2013. Six sessions of acupuncture were authorized as a trial on 1/20/2014. Prior treatment includes injections, chiropractic, and oral medications. Diagnoses are degenerative disc disease of the lumbar spine, lumbar radiculopathy, right neural foraminal and lateral recess stenosis, and lumbar spine radiculopathy. Per a PR-2 dated 3/4/2013, the claimant has severe low back pain that medication does not help with. He cannot sleep due to pain and he has numbness, pressure, and pain that radiates to both legs. All range of motions hurt. Claimant is off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE SESSIONS, THREE TIMES PER WEEK FOR 2 MONTHS, IN TREATMENT OF THE LUMBAR SPINE (IF FUNCTIONAL IMPROVEMENT IS PRODUCED): Upheld

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

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 an initial trial of acupuncture approved; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. It is unclear if the trial has been rendered since there is no documentation of acupuncture in subsequent reports after the authorization. Further acupuncture is not medically necessary based on the lack of documentation of results from the trial.