

Case Number:	CM14-0015322		
Date Assigned:	02/28/2014	Date of Injury:	09/21/2009
Decision Date:	07/08/2014	UR Denial Date:	01/08/2014
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, 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:

The patient is a 30 year old male with a date of injury of 9/21/2009. According to the progress report dated 12/19/2013, the patient continued to experience low back pain. He stated that the acupuncture is helping his lower back. The patient continued to take his medications. Significant objective findings include paravertebral muscle tenderness, muscle spasms, restricted range of motion, and positive straight leg test bilaterally. The patient's motor strength and sensations were grossly intact. The patient was diagnosed with L5 with retrolisthesis and L1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 TIMES 4 - FOR THE LOWER BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The provider's request for additional acupuncture is not medically necessary at this time. The guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient noted that acupuncture was helpful for his low back;

however, there was no documentation of functional improvement from prior acupuncture care. The request is not medically necessary and appropriate.