

Case Number:	CM14-0016992		
Date Assigned:	03/07/2014	Date of Injury:	10/15/2003
Decision Date:	05/29/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Services, 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 64 year old male with a date of injury of 10/15/2003. According to the progress report dated 1/14/2014, the patient complained of low back pain and was described as constant dull and ache. The patient also complained of left upper quadricep pain that is worse when walking or standing. There was right arm numbness noted. Significant objective findings includes less tension in the paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS FOR LUMBAR:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture medical treatment guideline states that acupuncture treatments may be extended if there is documentation of functional improvement. Records indicate that the patient had 28 authorized acupuncture treatment to date. The last acupuncture treatment was dated 1/14/2014. Despite having numerous acupuncture treatment, the patient continues to experience the same complaints. There was no documentation of sustained functional

improvement in the provided medical records. Based on the lack of sustained functional improvement, the provider's request for additional acupuncture 2 times a week for 8 weeks is not medically necessary at this time.