

Case Number:	CM14-0017342		
Date Assigned:	04/14/2014	Date of Injury:	05/15/2013
Decision Date:	06/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 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:

This claimant is a 35 year old male who sustained a work related injury on 5/15/2013. Prior treatment includes acupuncture, chiropractic, physical therapy, lumbar ESI, and oral medication. He had 4 acupuncture sessions approved on 10/15/13. He had another six visits approved on 11/17/2013. Per a Pr-2 dated 1/1/2014, the claimant has low back pain that is burning. He also has radicular pain and muscle spasms. The pain also radiates to the buttocks and lower extremities. He states that an injection helped him for about 5 days. Medication offers him temporary relief. His diagnoses are low back pain, status post fracture of coccyx, and headaches post Lumbar Epidural Steroid Injection (LESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X4: 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, a

reduction in work restrictions, reduction of medication, or a reduction of dependency on continued medical treatment. The claimant has had at least ten acupuncture visits; however the provider failed to document functional improvement associated with his acupuncture visits. The only documentation of acupuncture in the submitted documentation is certifications and statements that the claimant is undergoing acupuncture. Therefore further acupuncture is not medically necessary.