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| Case Number: | CM14-0017482 | | |
| Date Assigned: | 04/14/2014 | Date of Injury: | 09/26/2013 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 01/15/2014 |
| 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 Board Certified in Chiropractic & Acupuncture Services 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 is a 47 year old male claimant who sustained a work related injury on 9/26/2013. Per a Pr-2 dated 1/20/2014, the claimant has dull, achy, sometimes sharp low back pain. He also has intermittent, frequent, moderate to severe, numbness and tingling, radiating pain. He also has dull achy bilateral knee pain. He also has right and left ankle pain. Medications offer temporary relief of pain and improve ability to have restful sleep. His diagnoses are lumbar disc displacement, patellar bursitis/tendonitis, sprain of Anterior Cruciate Ligament (ACL) ligaments, bilateral ankle pain, status post fracture of lower leg, and short achilles tendon. He is not currently working. Prior treatment includes casting and oral medication. There appears to have been no prior acupuncture rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THERAPY 3 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE: 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, an initial trial of acupuncture is medically necessary for chronic pain. However a request for 18 sessions greatly exceeds the recommendation for an initial trial. A request of six or less visits could be considered medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The request is not medically necessary and appropriate.