

Case Number:	CM14-0018052		
Date Assigned:	04/16/2014	Date of Injury:	11/03/2011
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 applicant is a represented male, employed by [REDACTED], who has filed a claim for injuries to his lumbar spine presenting with sciatica symptoms. Injuries occurred on November 3, 2011 when he lifted large packages. Further description of injury not provided. His diagnoses are chronic low back pain and sciatica. Apparently since this incident, the applicant has had multiple MRI's conducted of the cervical spine, and lumbar spine, multiple sessions of physical therapy, prescribed pain medications, epidural steroid injections and facet rhizotomy. On physical exam he was tender across the low back with limited range of motion, positive facet joint maneuver, and negative straight leg raise test. He was intact neurologically. The treating provider has requested 8 visits acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 VISITS ACUPUNCTURE 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: Evidently the applicant reached Maximum Medical improvement in September 2012 and it is unclear if he received prior acupuncture care resulting in functional

improvement as defined in MTUS section 9792.20f. According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated and is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The usual frequency of treatments is one to three times per week; three to six treatments with an optimum duration of one to two months. Treatments may be extended if functional improvement is documented. In this case it is unclear how many acupuncture treatments have been provided over this two year old injury and the extent of objective functional improvement/sustained gains if any. Medical necessity for the requested service has not been established. The request for eight sessions of Acupuncture for the lumbar spine is not medically necessary or appropriate.