

Case Number:	CM14-0018782		
Date Assigned:	04/18/2014	Date of Injury:	03/24/2004
Decision Date:	07/02/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/13/2014

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 Medicine and 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:

Claimant is a 59 year old male who sustained a work related injury on 3/24/2004. Four acupuncture visits and six chiropractic visits were certified on 1/10/2014. Per a Pr-2 dated 12/17/2013, the claimant continues to have the same symptoms as prior visits. Sometimes an inversion table will give him relief. He is permanent and stationary. Prior treatment includes physical therapy and oral medication. Per a PR-2 dated 10/22/2013, he has increased lower back pain radiating down the right leg with numbness and tingling. He is also having an increase in muscle spasms with soreness and episodes of his leg giving out. His diagnoses are achilles tendinosis, flexor hallucis longus tenosynovitis, and history of discogenic disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENTS FOR 12 SESSIONS TO 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, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional

improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of four visits. The claimant also received concurrent authorization for a chiropractic trial. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines for an initial trial. Therefore twelve acupuncture visits are not medically necessary at this time.