

Case Number:	CM14-0019353		
Date Assigned:	04/21/2014	Date of Injury:	07/16/2003
Decision Date:	07/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 claimant is a 79 year old male who sustained a work related injury on 7/16/2003. Prior treatment includes chiropractic, acupuncture, microlumbar decompression surgery, spinal injections, physical therapy, and oral medication. The claimant is permanent and stationary. Per a PR-2 dated 1/24/2014, the claimant has low back pain and bilateral lower extremity symptoms. He has aching in the low back and bilateral numbness, tingling, and aching in bilateral lower extremities, with the right being greater than the left. He states that his low back pain and lower extremity complaints are equal in severity. His diagnoses are history of low back surgery, severe disc space narrowing, grade I-II spondylolisthesis, lumbar HNP, degenerative disc disease and facet arthropathy of lumbar spine, and lumbar radiculopathy. An initial trial of acupuncture visit was rendered in 2014. There are six acupuncture notes dated 1/7/2014 -1/23/2014. There are no consistent findings of functional improvement in the visit notes and no re-examination at the conclusion of the treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE SESSIONS: 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 or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has an initial trial of acupuncture; however, neither the provider nor the acupuncturist documented any objective sustained functional improvement associated with the completion of his acupuncture visits. There is a request for further acupuncture made without any discussion of prior outcomes by the provider. The acupuncturist documents varied results from visit to visit without a summary of changes after the trial. Therefore, further visits are not medically necessary.