

Case Number:	CM14-0019579		
Date Assigned:	04/23/2014	Date of Injury:	07/11/2012
Decision Date:	07/03/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/17/2014

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 Acupuncture, 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 male employee of [REDACTED] who filed a claim for a "slip and fall" traumatic industrial injury affecting his lumbar spine diagnosed with lumbar retrolithesis and sciatica caused by slipping on a wet floor while at work. Since the incident on 7/11/12, he has had multiple lumbar epidural steroid injections, lumbar facet injections, MRI of his lumbar spine and pain and anti-inflammatory medications. At the date of the determination, 2/7/14, the claim administrator modified the original request from twelve acupuncture visits to six visits stating the original request exceeds the California Medical Treatment Utilization Schedule (MTUS) guideline recommendations for an initial course of acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TIMES 6 SESSIONS 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, conservative modalities and surgical procedures have not had great results of functional improvement or benefit to his condition, so a modified course from twelve acupuncture sessions to six as an initial course of acupuncture is certified. The original

request for twelve exceeds the California Medical Treatment Utilization Schedule (MTUS), section 9792.24.1 guidelines for an initial course of acupuncture to establish functional improvement for the applicant; therefore, the remaining six are not medically necessary.