

Case Number:	CM14-0111162		
Date Assigned:	08/01/2014	Date of Injury:	09/02/2012
Decision Date:	09/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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 Chiropractic, has a subspecialty 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 injured worker is a 46 year old female who sustained a work related injury on 9/2/2012. Prior treatment includes left knee surgery, physical therapy, chiropractic and oral medication. Six acupuncture treatments were certified on 7/9/2014. Per a Pr-2 dated 6/17/14, the claimant has low back pain that is worse with physical therapy. She is permanent and stationary since 9/4/2013 regarding her low back and left knee. Her work restriction is no lifting over 15 pounds with no repetitive bending. Her diagnoses are T12-L1 disc desiccation and tiny paracentral disc extrusion per MRI and status post repair of meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks, Low Back: 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 six visits. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines for an initial trial. Therefore further acupuncture is not medically necessary.