

Case Number:	CM14-0113329		
Date Assigned:	08/01/2014	Date of Injury:	07/03/2009
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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:

Claimant is a 47 year old female who sustained a work related injury on 7/3/2009. Prior treatment includes transforaminal epidural steroid injection, lumbar spine fusion, lumbar spine revision surgery, oral medication, and physical therapy. Her diagnoses are severe myofascial low back pain, lumbar radiculopathy, lumbar facet arthropathy, right greater trochanteric bursitis, and right piriformis muscle spasm. Per a PR-2 dated 7/8/2014, the claimant has severe left anterior leg pain down to her ankle for the past six weeks. The change in her medication has helped her pain and she is feeling better now. She had lumbar TFESI with no relief. She has fallen twice because her right leg is giving out. She is not working and has achieved maximal medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 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, an initial trial of acupuncture consists of six visits. It does not appear that the claimant has had prior acupuncture. A request

for twelve visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. The provider should submit a request for six visits or less for an initial trial. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions.