

Case Number:	CM14-0113864		
Date Assigned:	08/01/2014	Date of Injury:	02/13/2012
Decision Date:	09/22/2014	UR Denial Date:	07/07/2014
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 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:

The injured worker is a 34-year-old male with a date of injury of 2/13/2012. According to the report dated 6/19/2014, the patient complained of constant low back pain. The pain was rated at 5-6/10. Sitting for a period of time greater than 2-3 hours increased low back pain. The patient reported driving greater than 1-2 hours and standing beyond 30 minutes increases pain. There was intermittent radiation of pain to the left lower extremity along the posterior thigh, but not radiating distal to the left knee. Significant objective findings include tenderness in the lower lumbar paraspinal muscles near L4 through S1, decreased lumbar range of motion, positive straight leg raise, unremarkable sensory examination, and mild muscle spasm in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 visits, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline states that acupuncture treatment may be extended if there is documentation of functional improvement. According to

the utilization report, the patient received at least 16 acupuncture sessions and reported that it was helpful. However, there was no documentation of functional improvement. Therefore, the provider's request for additional 8 acupuncture session is not medically necessary at this time.