

Case Number:	CM14-0119856		
Date Assigned:	08/06/2014	Date of Injury:	11/07/2013
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/30/2014

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:

Injured worker is a 31 year-old male who sustained a work related injury on 11/07/2013. Prior treatment includes injections, oral medications, bracing, acupuncture, physical therapy, home exercise program, and chiropractic. His diagnoses are lumbar disc with radiculitis, low back pain, and neck pain. Per a repost dated 07/11/2014, the claimant's condition continues to worsen. He has pain in his mid and low back on the left side with radiation along the left posterolateral dermatomes to the left lower extremity, left foot. He feels tingling/numbness in all toes and weakness. He states that he is getting weaker in the legs and his pain is getting worse. The acupuncture he received was helpful but only temporal. He felt better at the time of the visit but is soon returned to the previous levels afterward. He is requesting an injection today.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, 6 sessions to the low back and neck: 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 had an initial trial of acupuncture and has had temporary pain relief. However the provider failed to document any functional improvement associated with the completion of his acupuncture visits and the claimant's condition is worsening. Therefore further acupuncture is not medically necessary.