

Case Number:	CM14-0120745		
Date Assigned:	08/06/2014	Date of Injury:	08/14/2013
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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 a Board Certified Chiropractor and Acupuncturist 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 58 year old male who sustained a work related injury on 8/14/2014. Eight acupuncture sessions were certified on 6/9/14. Per a note dated 7/9/14, the claimant reported some relief with acupuncture. The claimant complains of lower back pain with numbness, tingling, and weakness in the right leg. Prior treatment included chiropractic, physical, acupuncture, and oral medication. His diagnoses are right lumbosacral strain, right lumbosacral radiculopathy, and myofascial pain. Per a progress note dated 8/14/13, the claimant's 2nd round of acupuncture denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 for the 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 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 a recently approved round acupuncture with reported pain relief. He also had acupuncture in the past. However the provider failed to document functional improvement associated with the completion of his acupuncture visits. Therefore further acupuncture is not medically necessary.