

Case Number:	CM14-0123484		
Date Assigned:	09/16/2014	Date of Injury:	02/20/2013
Decision Date:	12/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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 & 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 36 year old female who sustained a work related injury on 2/20/2013. Six sessions were authorized on 7/3/2014. Prior treatment includes physical therapy, pool therapy, and medications. Per a report dated 4/15/2014, the claimant is able to ambulate without a cane and has completed 12 sessions of physical therapy. Although her weakness has improved, she is unable to ambulate long distances. She reports a slight decrease of lower back, left leg, and buttocks pain. She continues to suffer from bladder pressure and difficulties with defecation. Her diagnoses are degenerative disc disease lumbar, lumbar disc herniation with radiculopathy, back pain, lumbar herniated disc, and left lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions to the lumbar spine, 2 times 6 weeks,: 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 after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work

restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. The request is not medically necessary.