

Case Number:	CM14-0132568		
Date Assigned:	08/22/2014	Date of Injury:	10/16/2012
Decision Date:	09/24/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 licensed Chiropractor, has a subspecialty certificate 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 57-year-old female with a date of injury of 10/16/2012. The submitted records revealed that the patient was being treated for neck and low back pain. According to the progress report dated 08/05/2014, the patient received second round of acupuncture and continued to have pain. Significant objective findings include positive straight leg raise on the right, decrease sensation in the right foot, decreased right ankle reflex and spasms in the right paraspinals. The patient was diagnosed with lumbar spine strain and chronic right lumbosacral radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Therapy Sessions for the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient experienced chronic neck and low back pain. The patient received acupuncture in the past. The patient received at least 15 acupuncture sessions from 03/07/2014 to 06/11/2014. The provider reported that acupuncture was beneficial in the progress

report dated 7/08/2014. The acupuncture provider reported that after treatment the patient feels better, back feels loosen up to 50%, and range of motion increased 30% but after a few days, it remained the same. The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended if there is documentation of functional improvement. There was no documentation of functional improvement as defined in section 9792.20(f) from the prior acupuncture sessions. Therefore, the provider's request for an additional 8 Acupuncture Sessions to the cervical and lumbar spine is not medically necessary.