

Case Number:	CM14-0135904		
Date Assigned:	09/03/2014	Date of Injury:	12/11/2006
Decision Date:	09/25/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 52 year old male who sustained a work related injury on 12/11/2006. Per a PR-2 dated 7/17/2014, the claimant has constant aching pain in the low back to the left gluteal fold down the left lower extremity. He also has numbness and tingling in the same area. He has had 12 acupuncture sessions with functional improvement. After the first six sessions he was able to stoop 30 minutes increased from 10 minutes. He also had improvements in mobility and gait and he is sleeping better. After the second six sessions, he was able to bend over for 60 minutes increased from 15 minutes. Also he has decreased his norco to less than #2 a day. He is working full time. The claimant also had six sessions of acupuncture previously in 2013 which improved sleep, decreased pain, increased function, and helped his walking. Prior treatment includes lumbar surgery, ESI, TENs, physical therapy, oral medication, and topical medication. His diagnoses are postlaminectomy syndrome of lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture sessions for the lumbar region QTY: 6: Overturned

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 objective functional improvement from prior acupuncture. He has had improvement in activities of daily living and reduction of medication with acupuncture treatment. Therefore further acupuncture is medically necessary.