

Case Number:	CM14-0153405		
Date Assigned:	09/23/2014	Date of Injury:	11/21/2012
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 Board Certified 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:

The injured worker is a 55-year-old male with a date of injury of 11/21/2012. According to the progress report dated June 10, 2014, the injured worker complained of intermittent pain in the lower back traveling to the bilateral legs. The pain is 8/10 and with medication the pain scale reduces to 5/10. Significant objective findings include positive Kemp's test bilaterally, diminished reflexes in the bilateral lower extremities, and no sensory loss in the lower extreme. The lumbar range of motion was restricted. Flexion was 20 degrees, extension 10 degrees, right lateral bending 15 degrees, left lateral bending 10 degrees, and rotation was 30 degrees bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with Modalities 2 - 3x4 Neck and Thoracic Region: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guidelines states that acupuncture may be extended if there is documentation of functional improvement. The injured worker received 12 acupuncture sessions from April 9, 2014 to June 11, 2014. There was no documentation of

significant functional improvement from the 12-acupuncture session. The acupuncture provider noted that the injured worker was able to walk longer and decreases medication. However, the injured worker did not cause a reduction in dependency on continued medical treatment. After completing the acupuncture that injured worker was recommended to undergo a lumbar steroid injection at L5-S1 in the progress report dated June 10, 2014. Based on the lack of functional improvement from prior acupuncture sessions the provider's request for additional Acupuncture with Modalities 2 - 3x4 Neck and Thoracic Region is not medically necessary at this time.