

Case Number:	CM14-0156476		
Date Assigned:	09/26/2014	Date of Injury:	03/10/2011
Decision Date:	10/29/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/24/2014

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 patient is a 47-year-old male with a date of injury of 3/10/2011. According to the report dated 9/25/2014, the patient complained of chronic neck and low back pain. The patient experiences headaches on a monthly basis. The pain radiates into both legs along the posterior aspect of the thighs and calves and into both feet. Significant objective findings include tenderness to palpation of the spinous process from C6-7, limited cervical range of motion, and tenderness over bilateral posterior cervical paraspinal muscles. Low back exam revealed tenderness over the lumbar paraspinals at L1 through L4, bilateral greater trochanter, and superior buttocks bilaterally. The gait was slightly antalgic.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional acupuncture treatments: 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 Guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had completed 12 acupuncture sessions. The provider noted that the patient found

acupuncture to be helpful. The patient had decreased pain in the neck, upper and lower back. There was decrease tightness in the neck and lower back. There was no documentation of functional improvement gained from the prior acupuncture sessions. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.