

Case Number:	CM14-0157996		
Date Assigned:	10/01/2014	Date of Injury:	06/27/2013
Decision Date:	10/31/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 New York and Connecticut. 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:

According to the records made available for review, this is a 21 year old female patient sustained a lower back injury on 6/27/2013. Diagnosis was lumbar sprain caused by a lifting injury. An MRI scan of the lumbar spine dated 5/6/14 revealed no bulging/herniations/stenosis with minimal facet degeneration. Patient is taking oral medications. She had prior chiropractic and physical therapy. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, times 9, patient still complains of lower back pains. Objective findings include a positive straight leg test and limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 sessions of acupuncture treatment for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: An initial trial, 6 sessions of acupuncture is medically necessary based on MTUS guidelines, in the presence of positive objective findings. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement. Treatment recommendation may extend up to 1-2 months with a maximum duration of 14 sessions. Should there be a request

for future care, there would be an obligation to document functional improvement. The request for 9 sessions is not supported by MTUS guidelines. California Medical Treatment guidelines section 24.1 states "Acupuncture treatments may be extended if functional improvement is documented and it is defined in section 92.20 "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical examination performed and documented. Therefore, the 9 sessions of acupuncture treatment for the lumbar spine is not medically necessary.