

Case Number:	CM14-0167804		
Date Assigned:	10/15/2014	Date of Injury:	10/27/2012
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 56-year-old female with a date of injury of 10/27/2012. According to the progress report dated 10/02/2014, the patient complained of low back, right buttock, and right lateral calf pain. There were complaints of numbness into the right lateral foot. There was no evidence of neuropathy, radiculopathy or plexopathy. Significant objective findings include tenderness through the right buttock and right extension in the lumbar spine reproduces discomfort in the right buttock. Seated straight leg raise on the right produced a great deal of pain. There was some tenderness along the posterior lateral right calf. There was good range of motion in the knee. Deep tendon reflexes were intact, symmetrical in the lower extremities, and mild decrease sensation along the lateral right foot. The patient was diagnosed with spondylosis of unspecified site, enthesopathy hip region, and disturbance skin sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture visits: 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 recommend a trial of 3-6 visits with a frequency of 1-3 times per week over 1 to 2 months to produce functional improvement. It may be extended if there is documentation of functional improvement. The provider has requested a trial of acupuncture session and was authorized 6 out of the 8 requested. The provider's request for 8 acupuncture sessions exceeds the guidelines recommendation and therefore is not medically necessary at this time. In addition, there was no documentation of the outcome from 6 authorized visits to warrant additional acupuncture sessions.