

Case Number:	CM14-0178062		
Date Assigned:	10/31/2014	Date of Injury:	10/10/2011
Decision Date:	12/08/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 care, 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 54-year-old female with a date of injury of 10/10/2011. According to the progress report dated 8/29/2014, the patient complained of low back pain with associated leg weakness. There was no numbness and tingling. The pain was aggravated with movement and relieved with medication and heat. The pain was worse in the early mornings. Significant objective findings include tenderness to palpation over bilateral lumbar paraspinal muscles, spasms, decrease lumbar range of motion, left sciatic notch tenderness, positive lumbar facet loading maneuver and positive straight leg raise test. Motor strength was 5/5 and symmetric throughout bilateral upper and lower extremities. The patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy 2 times 3-4 weeks for the low back: 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 with documentation of functional improvement. The patient had attended

acupuncture sessions in the past. The provider noted that acupuncture was helpful for the patient's back pain and insomnia in the progress report dated 4/18/2014. However, there was no documentation of functional improvement from the prior acupuncture sessions. Based on the guideline, additional acupuncture session is not medically necessary. Therefore, the provider's request for acupuncture 2 times a week for 3-4 weeks is not medically necessary at this time.