

Case Number:	CM14-0179016		
Date Assigned:	11/03/2014	Date of Injury:	02/26/2014
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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 42-year-old male with a date of injury of 2/26/2014. According to the progress report dated 10/09/2014, the patient complained severe low back pain. The patient denied weakness. Significant objective findings include extreme tenderness in the lumbar spine with palpation, negative straight leg raise bilaterally, and reduced range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment x 10 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 Guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. In addition, the guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient experienced chronic low back pain. There was no evidence that the patient had prior acupuncture care. The patient was authorized 6 out of the 10 requested visits. There was no documentation of the outcome of the 6 authorized acupuncture session. Therefore additional acupuncture beyond the

initial 6 is not medically necessary. Therefore, the provider's request for 10 acupuncture sessions is not medically necessary at this time.