

Case Number:	CM14-0020601		
Date Assigned:	04/30/2014	Date of Injury:	04/28/2013
Decision Date:	07/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 26-year-old with a date of injury of April 29, 2013. According to the progress report dated January 27, 2014, the patient complained of low back pain and lumbar radiculopathy. The patient rates his pain at 4/10. The pain is located in the low back and radiates into the left lower extremity. The pain was described as aching, radiating, sore, and severe. Significant objective findings includes positive straight leg raise on the left, pain over left lumbar facets, lumbar paraspinal muscle tenderness, antalgic gait, and pain with lumbar extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONE TIME PER WEEK FOR SIX WEEKS (1 X6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Records indicate that the patient had prior acupuncture treatments. The acupuncture provider noted that the patient reported decreased pain into the lower lateral left leg and decreased pain radiating up the middle back with acupuncture treatments. However, there was no documentation of functional improvement from the provided acupuncture treatments.

There was no documentation of reduction in dependency on continued medical treatment. According to the progress noted dated December 3, 2013, the provider noted that the patient has ultimately failed conservative care and that he may require decompressive laminectomy and discectomy L3-4 and L4-L5. The request for acupuncture one time per week for six weeks is not medically necessary or appropriate.