

Case Number:	CM14-0026712		
Date Assigned:	06/13/2014	Date of Injury:	02/09/2013
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 30-year-old male injured on February 9, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 8, 2014, indicates that there are ongoing complaints of cervical spine pain with tingling in the arms, and low back pain. The physical examination demonstrated a positive Spurling's test for the cervical spine and an antalgic gait with decreased weight bearing on the right foot. A request had been made for acupuncture and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ACUPUNCTURE X 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California Acupuncture Medical Treatment Guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no documentation in the attached medical record that pain medication is

reduced or not tolerated or that this acupuncture treatment will be used as an adjunct to a physical therapy or home exercise program. For these reasons this request for acupuncture is not medically necessary.