

Case Number:	CM14-0027052		
Date Assigned:	06/16/2014	Date of Injury:	09/30/2005
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
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 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:

Claimant is a 74 year old male who sustained a work related injury on 9/30/2005. Prior treatment includes acupuncture aquatic therapy, physical therapy, injections, oral medications, and lumbar surgeries. His diagnoses are lumbar disc with radiculitis, degeneration of lumbar disc, lumbar post laminectomy syndrome, and chronic low back pain. He has had at least eight acupuncture sessions. The first two sessions offered him 50% relief in two days. The next six session of acupuncture were reported to be helpful and offering some relief per a PR-2 dated 1/22/14. The report also states that the claimant does not think surgery has helped his low back pain. He has low back pain with the right side being worse than the left side. The pain radiates to his right anteroposterior thigh and posterior calf. The pain is relieved by lying supine and medication. Per an acupuncture note dated 1/15/2014, the claimant's condition is unchanged. Other acupuncture notes also do not document any improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had at least eight sessions of acupuncture; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. Acupuncture notes also not that there has been no change in the claimant's condition. Due to the lack of functional improvement, further acupuncture is not medically necessary.