

Case Number:	CM14-0028190		
Date Assigned:	06/13/2014	Date of Injury:	06/04/2010
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/05/2014

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 58 year old female with a date of injury of 6/4/2010. According to the progress report dated 1/16/2014, the patient complained of frequent to constant and moderate to severe lumbar spine pain. The pain radiates to the left lower extremity. The patient is status post lumbar epidural steroid injection dated 11/18/13. Significant objective findings include decrease range of motion, and tenderness at L4 and L5. The patient was diagnosed with dorso/lumbosacral sprain/strain and herniated nucleus pulposus at L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 X WEEK FOR 6 WEEKS TO THE LUMBOSACRAL: 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 to 3 times a week over 1-2 months to produce functional improvement. It may be extended if there is documentation of functional improvement. The provider has requested 18 acupuncture sessions for the lumbar spine. According to the Utilization Review report dated 2/20/2014, it was noted that the patient

was authorized a trial of 6 visit. There was no documentation of functional improvement from the authorized acupuncture treatment. Therefore Additional Acupuncture Sessions are not medically necessary.