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| Case Number: | CM14-0028868 | | |
| Date Assigned: | 06/18/2014 | Date of Injury: | 12/03/2009 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 Acupuncture and Chiropractic Medicine 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 61 year old male who sustained a work related injury on 12/3/2009. Three acupuncture visits were approved as a trial on 2/7/2014. Per a PR-2 dated 1/31/2014, the claimant has low back pain and left leg pain. He has constant pain at night when trying to sleep. It interferes with his ability to walk long distances or stand for long periods of time, or do activities of daily living. He also has pain down the left lower extremity. Prior treatment has included oral medication, physical therapy, injections, nerve blocks, topical medication, and TENS. His diagnoses are herniated nucleus pulposus, degenerative disc disease, low back pain, radicular syndrome of the lower extremity, lumbar spondylosis, and chronic pain syndrome. He is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE SESSIONS TO THE LUMBAR SPINE 2 X 6: 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 evidenced based guideline, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is

defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant had a trial of acupuncture approved. However the provider has failed to document functional gains associated with the completion of acupuncture treatment. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines for an initial trial. Therefore twelve sessions of acupuncture are not medically necessary.