

Case Number:	CM14-0029413		
Date Assigned:	06/20/2014	Date of Injury:	04/22/2013
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/07/2014

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 Preventive Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 27-year-old male who sustained an injury to his low back on 04/22/13 due to cumulative trauma exacerbated by his usual and customary work duties. The injured worker described his pain as intermittent, sharp, pins and needles, and numb that radiated at 3/10 visual analog scale (VAS). Treatment to date included chiropractic manipulation treatment, NSAIDs, medications, work restrictions, and home exercise program. Physical examination of the lumbar spine noted hypermobile vertebral segments immediately adjacent to hypomobile vertebral segments on palpation; aberrant motion detected, muscle tautness, localized edema, paraspinal pain and tenderness with associated trigger points; mild tenderness to palpation of the lumbar spine and paresthesia of the left anterior thigh; non-antalgic gait. It was reported that the injured worker was declared to be permanent and stationary as of 11/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 (8) Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture two times a week times four weeks for eight sessions is not medically necessary. Based on the currently available information, medical necessity for additional acupuncture has been established; therefore, the request for additional acupuncture was partially certified for two final acupuncture sessions. After reviewing the clinical documentation submitted for review, there was no additional significant objective, information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for acupuncture two times a week times four weeks for eight sessions is not medically necessary.