

Case Number:	CM14-0034814		
Date Assigned:	06/20/2014	Date of Injury:	09/17/2004
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/20/2014

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 35-year-old male with a date of injury of 9/17/2004. According to submitted records dated 2/3/2014, the patient complained of tingling in his left leg. The pain is rated at 7/10 without opiates and reduced to 5/10 with opiates. The provider noted that opiates have allowed him to continue working. Significant objective findings include decrease range of motion in the lumbar spine; straight leg test causes hamstring discomfort on the left, normal lower extremity reflexes, and full strength in the lower extremity. The patient was diagnosed with L5-S1 disc protrusion with acute left L5 and S1 radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back; 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommends acupuncture for pain. The guideline recommends a trial of 3-treatments with a frequency of 1 to 3 times per week over 1-2 months to produce functional improvement. Acupuncture may be extended if there is documentation of functional improvement. Based on the provided reports, there was no

evidence that the patient had completed a course of acupuncture treatment. The current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommend 3-6 visits. The provider's request for acupuncture 2 times per week for 4 weeks exceeds the guidelines recommendation. Therefore, the request for 8 acupuncture sessions is not medically necessary at this time.