

Case Number:	CM14-0035378		
Date Assigned:	06/23/2014	Date of Injury:	06/28/1994
Decision Date:	12/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 73 year old female who sustained a work related injury on 6/28/94. Per a PR-2 dated 2/19/2014, the claimant complaints of intermittent back pain. Her symptoms are worse with increased activity. They improve with medications and rest. She is requesting refills. She has difficulty walking, changing position and getting onto the table. There is muscle spasm and lumbar range of motion is restricted. She has antalgic gait and guarding with motion. Her diagnoses are status anterior posterior fusion L3-S1, small central disc herniation with moderate facet disease and moderate central and foraminal stenosis L2-L3 moderate disc collapse and facet disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 for lumbar: 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 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. It is unclear whether this is a request for an initial trial or continued treatment. If this is a request for an initial trial, the provider must state that this is an initial trial and it would be medically necessary. However, given the duration of the injury, it is highly unlikely that prior acupuncture has not been rendered. If this is a request for further treatment, the provider must document functional improvement from prior trials to justify further treatment. The request is not medically necessary.