

Case Number:	CM14-0036852		
Date Assigned:	06/25/2014	Date of Injury:	07/26/2011
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/26/2014

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 and 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 injured worker is a 20 year old female who reported low back and right leg pain from injury sustained on 07/22/11 while lifting. The EMG/NVC was unremarkable. The patient is diagnosed with low back pain and sciatica. The patient has been treated with microlaminectomy and discectomy surgery of right L4-5; medication and epidural injection. Per medical notes dated 02/25/14, patient reports that her symptoms are unchanged and she reports back pain radiating to her right posterior leg. Per medical notes dated 04/25/14, patient complains of low back pain and sciatica. Examination revealed decreased range of motion and slight antalgic gait. The patient is considered permanent and stationary with partial recovery. Per medical records patient hasn't had prior Acupuncture treatment. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 Session Right Leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker is a 20 year old female who reported low back and right leg pain from injury sustained on 07/22/11 while lifting. The EMG/NVC was unremarkable. The patient is diagnosed with low back pain and sciatica. The patient has been treated with microlaminectomy and discectomy surgery of right L4-5; medication and epidural injection. Per medical notes dated 02/25/14, patient reports that her symptoms are unchanged and she reports back pain radiating to her right posterior leg. Per medical notes dated 04/25/14, patient complains of low back pain and sciatica. Examination revealed decreased range of motion and slight antalgic gait. The patient is considered permanent and stationary with partial recovery. Per medical records patient hasn't had prior Acupuncture treatment. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.