

Case Number:	CM14-0037134		
Date Assigned:	06/25/2014	Date of Injury:	10/31/2012
Decision Date:	07/25/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/27/2014

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 Chiropractic Medicine, 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 claimant is a 26-year-old male who sustained a work related injury on November 20, 1987. Prior treatment includes physical therapy, chiropractic, acupuncture, and oral medication. His diagnoses are low back pain, degenerative disc disease lumbar spine, myofascial pain, lumbosacral radiculitis, herniated nucleus pulposus, back sprain, and pain related to psychological factors. Per a PR-2 dated March 16, 2014, the claimant has low back pain with left leg pain and sciatica. There is an acupuncture note dated January 13, 2014. The claimant is not working. A MRI shows post operative change at L4-L5, central disc protrusion at L3-L4 with mild canal narrowing, and transitional lumbosacral junction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions: 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 visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a

reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture in the past of unknown quantity and duration; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. Therefore the request for six sessions of acupuncture is not medically necessary or appropriate.