

Case Number:	CM14-0038443		
Date Assigned:	06/27/2014	Date of Injury:	07/03/2013
Decision Date:	07/23/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 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:

This is a 55 y/o female patient with pain complains of lower back. Diagnoses included left intra-foraminal disc protrusion, and sacroiliac joint dysfunction. Previous treatments included: oral medication, physical therapy, acupuncture (x14 sessions already rendered, gains reported as "has helped a great deal") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 2-18-14 by the PTP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one visit per week for six weeks for the lower back area, lumbar and/or sacral vertebra: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Although fourteen prior acupuncture sessions rendered were reported as beneficial ("Helped a great deal"), no clear evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x6 is not supported for medical necessity.

