

Case Number:	CM14-0039966		
Date Assigned:	06/27/2014	Date of Injury:	04/22/2013
Decision Date:	08/08/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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 Chiropractics 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 claimant is a 63-year-old female who sustained a work related injury on 4/22/2013. Six visits of acupuncture were certified on 3/20/2014. Prior treatment includes chiropractic, physical therapy, topical medication, and oral medication. His diagnoses are lumbar sprain, thoracic strain, congenital scoliosis, back pain, lumbar disc disease, bilateral stenosis, and lumbar radiculopathy. Per a report dated 3/6/2014, the claimant has constant low back pain that was last evaluated on 12/23/13 since the claimant missed her appointment on 1/27/14. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 6Wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of six visits. If this is a request for an initial trial, twelve

visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.