

Case Number:	CM14-0048969		
Date Assigned:	06/25/2014	Date of Injury:	11/30/2007
Decision Date:	07/25/2014	UR Denial Date:	03/26/2014
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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male who reported an injury on 11/30/2007 due to a slip and fall. The clinical note dated 02/12/2014 noted the injured worker presented with low back pain. Upon examination, the injured worker had a limited range of motion to the lumbar, tenderness and spasm to the paraspinal muscles and thoracolumbar spine, and stiffness in the hamstrings. The diagnoses were postlaminectomy syndrome of the lumbar spine, lumbalgia, and myositis. Previous treatments included acupuncture, physical therapy, aquatic therapy, surgery, and medications. The provider recommended continued acupuncture sessions to the lumbar 2 times a week for 6 weeks. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture sessions (lumbar)(2 times a week for 6 weeks): 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 58-year-old male who reported an injury on 11/30/2007 due to a slip and fall. The clinical note dated 02/12/2014 noted the injured worker

presented with low back pain. Upon examination, the injured worker had a limited range of motion to the lumbar, tenderness and spasm to the paraspinal muscles and thoracolumbar spine, and stiffness in the hamstrings. The diagnoses were postlaminectomy syndrome of the lumbar spine, lumbalgia, and myositis. Previous treatments included acupuncture, physical therapy, aquatic therapy, surgery, and medications. The provider recommended continued acupuncture sessions to the lumbar 2 times a week for 6 weeks. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review. Given the above the request is not medically necessary.