

Case Number:	CM14-0050437		
Date Assigned:	06/25/2014	Date of Injury:	05/04/2012
Decision Date:	07/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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, 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:

Claimant is a 57 year old male who sustained a work related injury on 5/4/2012. Six acupuncture visits were authorized as a trial on 3/4/14. Per a Pr-2 dated 3/7/2014, the claimant has constant lower back pain. His diagnoses are lumbago and pain in the hip/pelvis. He is scheduled for a lumbar spine epidural. He has decreased lumbar spine range of motion, positive SLR, and tenderness and spasm in lumbar spine. Per a QME dated 3/26/2014, the claimant has dull to sharp pain in the low back that is always present. The pain radiates to the bilateral hips and down the right and left lower extremities. There is also numbness and tingling in the extremities, and stiffness and occasional spasms in the low back.. He also has pain the hips that is worse on the left. The symptoms are aggravated with activity and alleviated by rest, ice, heat, and medications. His diagnoses are right total hip arthroplasty secondary to degenerative joint disease, left total hip arthroplasty degenerative joint disease, secondary to industrial causation, and lumbar radiculitis with discogenic back pain. Prior treatment includes chiropractic, physical therapy, and oral medications, and injections. He is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Division of Worker's Compensation Subchapter 1 Administrative Director-Administrative Rules. Article 5.5.2.

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. Therefore further acupuncture is not medically necessary. If this is a request for an initial trial, eight visits exceeds the recommended guidelines for an initial trial.