

Case Number:	CM14-0050686		
Date Assigned:	06/25/2014	Date of Injury:	03/15/2010
Decision Date:	08/05/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 Chiropractic & 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 68 year old male who sustained a work related injury on 3/15/2010. His diagnoses are lumbago, lumbar spine radiculopathy, and lumbar spasms. Prior treatment includes extracorporeal shockwave, topical medication, oral medication, and physical therapy. Per a PR-2 dated 1/28/14, the claimant has lumbar pain radiating to the left leg with numbness and tingling. There is tenderness at the lumbar spine paraspinals, decreased lumbar range of motion, and positive straight leg raise test on the left. The claimant is not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x per week for 6 weeks to lumbar spine #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It does not appear the claimant has had prior acupuncture. According to evidenced based guidelines, an initial trial of acupuncture consists of six visits or less. A request for twelve visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily

living or a reduction in work restrictions. If this is not a request for an initial trial, there is no documented functional improvement from the completion of prior acupuncture.