

Case Number:	CM14-0055282		
Date Assigned:	07/07/2014	Date of Injury:	02/24/2011
Decision Date:	08/14/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/24/2014

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:

The patient is a 22-year-old female with a date of injury of 2/24/11. According to the progress report dated 2/19/2014, the patient complained of constant pain in the lumbar spine. The pain was rated 7/10. The patient denies any radiation down to the lower extremities. Significant objective findings include pain with ranges of motion, negative toe and heel walk, and negative sciatic nerve test. There was tenderness in the paraspinal muscles. The range of motion in the lumbar spine is as follows: flexion 45/90, extension 25/25, left lateral flexion 25/25, and right lateral flexion 25/25.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x/ week x 6 weeks lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It recommends an initial 3-6 visit and with documentation of functional improvement, acupuncture sensations may be extended. The patient did not have any acupuncture care in the past. Therefore, the patient was a candidate for an acupuncture trial.

The utilization reviewer authorized 6 out of the 12 requested visits based on the cited guidelines. There was no documentation of the patient having completed the acupuncture trial. Therefore, additional acupuncture beyond the 6 authorized visits is not medically necessary. The providers request for 12 acupuncture sessions is not medically necessary at this time.