

Case Number:	CM14-0057390		
Date Assigned:	07/09/2014	Date of Injury:	12/01/2012
Decision Date:	09/11/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/28/2014

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, 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 36-year-old male with a date of injury of 12/01/2012. According to the provider's report dated 3/19/2014, the patient complained of constant low back pain with radiation into the bilateral lower extremity causing numbness and tingling on the right side. The pain was aggravated with sitting, standing, walking, bending, and stooping. Significant objective findings include normal gait, no loss of normal lumbar lordosis, and decreased flexion and extension. The patient's reflexes, motor strength exam, and sensory exams in the lower extremities were unremarkable. Double thigh flexion, cram, Fabere's test were negative bilaterally. The patient was diagnosed with chronic lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions for the 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 Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. According to the submitted records, the patient received at least 12 acupuncture treatments. The patient reported that the

acupuncture helped more than physical therapy. However, there was no documentation of functional improvement following acupuncture treatments. Therefore, the provider's request for additional 12 acupuncture sessions is not medically necessary at this time.