

Case Number:	CM14-0060439		
Date Assigned:	07/09/2014	Date of Injury:	12/24/2007
Decision Date:	08/21/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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 a licensed Acupuncturist 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 59-year-old male with a date of injury of 12/24/2007. According to the progress report dated 3/24/2014, the patient complained of back, waist, right buttock, right lower extremity and left shoulder pain. His pain was 8/10. The shoulder pain was rated at 4/10. The patient stated that the pain in the lower back, knee, foot, leg, and buttock remained the same. Significant objective findings include tenderness and decreased range of motion in the lumbosacral spine, tenderness in the left shoulder and paraspinal muscles. The patient was diagnosed with status post lumbar laminectomy on 1/2008, left shoulder rotator cuff tear, left hand weakness, adjustment disorder with mixed anxiety, insomnia, diabetes, and benign essential hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x Wk x 4 Wks Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture guideline states that acupuncture may be extended if there is documentation of functional improvement. According to the progress report dated 3/24/2014, the patient stated that he was receiving acupuncture twice a week for the last 6 months and it was

temporarily helpful. The patient reported that his low back pain remained the same since the previous visit. There was no documentation of functional improvement from acupuncture sessions in the past; therefore the provider's request for additional acupuncture sessions twice a week for 4 weeks for the low back is not medically necessary at this time.