

Case Number:	CM14-0063636		
Date Assigned:	07/11/2014	Date of Injury:	06/27/2012
Decision Date:	08/13/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/06/2014

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:

Claimant is a 55 year old female who sustained a work related injury on 6/27/2012. Four acupuncture sessions were certified as an initial trial on 4/22/2014. Per a PR-2 dated 7/2/2014, the claimant complains of more neck pains today. Her low back pain is better. She had a third lumbar spine epidural on 4/4/2014. She still has numbness, tingling, pain and spasms down the left leg, just less frequent since the last injection. Prior treatment includes physical therapy, chiropractic, injections, and oral medications. Her diagnoses are lumbar spine strain/sprain and lumbar disc bulge with radiculitis. She is not currently work and on total temporary disability for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times weekly for six (6) weeks: Upheld

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

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 four visits. Also initial trial twelve visits exceed the recommended guidelines for an initial trial. Therefore, the request for Acupuncture two (2) times weekly for six (6) weeks is not medically necessary and appropriate.