

Case Number:	CM14-0064556		
Date Assigned:	07/11/2014	Date of Injury:	10/24/2011
Decision Date:	08/26/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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 Acupuncture and Chiropractic 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 53 year old female who sustained a work related injury on 10/24/2011. Per a PR-2 (progress report) dated 4/9/2014, the claimant has constant neck and back pain. She has tenderness in the neck, low back and spasms. Orthopedic tests of Spurling, straight leg raise, Fabere are positive. Her diagnoses are cervicalgia and lumbago. MRI findings show mild fluid in the right and left hips and disc bulges in L4-L5 and L5-S1. The claimant is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture visits for the lumbar spine, 2 times a week for 4weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records provided for review, it is unclear whether this is a request for an initial trial of acupuncture or for subsequent acupuncture. If this is a request for an initial trial, a request of eight visits exceeds the recommended guidelines of six visits. 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. There is no documentation of functional improvement from prior acupuncture to justify further acupuncture. The request for 8 Acupuncture visits for the lumbar spine 2 times a week for 4 weeks is not medically necessary.