

Case Number:	CM14-0066339		
Date Assigned:	07/11/2014	Date of Injury:	10/23/2012
Decision Date:	10/10/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 39-year-old gentleman was reportedly injured on October 23, 2012. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated April 23, 2014, indicates that there are ongoing complaints of pain and stiffness of the lumbar spine radiating to the bilateral lumbar extremities with weakness, numbness, and tingling. The physical examination demonstrated tenderness and decreased range of motion of the lumbar spine. Diagnostic imaging studies objectified a disc bulging at L4 - L5 with bilateral facet arthritis. Previous treatment includes physical therapy and acupuncture. A request had been made for six additional sessions of acupuncture for the lumbar spine and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Acupuncture for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: According to the progress note dated April 23, 2014, the injured employee symptoms of lumbar spine pain rating to the bilateral lower extremities are unchanged from prior as is the injured employee's medication usage despite 12 prior sessions of acupuncture. As or has been no long-term benefit from acupuncture, this request for six additional sessions of acupuncture for the lumbar spine are not medically necessary.