

Case Number:	CM14-0069672		
Date Assigned:	07/14/2014	Date of Injury:	02/14/2008
Decision Date:	10/02/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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 injured worker is a 41-year-old male who was reportedly injured on February 14, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 9, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a well-groomed, well-nourished individual in no acute distress. The gait pattern was described as antalgic. There was a loss of lumbar spine range of motion noted, and there was no tenderness to palpation with any muscle spasm identified. Motor function strength was described as 4/5, and sensation was decreased in the medial and lateral aspects of the distal right lower extremity. Diagnostic imaging studies were not reported his progress note. Previous treatment included multiple imaging studies, elected diagnostic testing, acupuncture, multiple medications, and pain management interventions. A request was made for acupuncture and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 sessions 2 x 4 (lumbar spine): Upheld

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

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

Decision rationale: When noting the date of injury, the injury sustained, and the multiple interventions completed, the trial of acupuncture resulted in "more pain for the whole day and the patient "would like to stop." Therefore, the clinical indication for repeating this protocol is not supported in the progress notes reviewed. While noting the California Medical Treatment Utilization Schedule will support acupuncture, there needs to be objectification of a positive response. Seeing none, the request for Acupuncture x 8 sessions 2 x 4 (lumbar spine) is not medically necessary.