MAXIMUS Federal Services

Case Number:	CM14-0072627		
Date Assigned:	07/16/2014	Date of Injury:	09/02/2005
Decision Date:	08/28/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/19/2014

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 care, has a subspecialty in 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:

The patient is a 49-year-old male with a date of injury of 9/02/2005. According to the progress report dated 3/11/2014, the patient complained of neck pain, low back pain, upper back pain, and left leg pain. The patient rated his pain 8/10 with medications. Significant objective findings include slow and antalgic gait, utilizes a cane to ambulate, spams in the bilateral paraspinous musculature at L2-S1, and decrease range of motion in the lumbar spine. Sensory and Motor exam showed decreased sensitivity and strength in the L2-S1 dermatome. Straight leg raise in the seated position was positive bilaterally at 70 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 additional Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The provider's request for 4 additional acupuncture sessions is not medically necessary at this time. The guidelines states that acupuncture may be extended if there is documentation of functional improvement as defined in section 9792.20(f) (MTUS Guidelines). The records revealed that the patient had completed a trial of acupuncture treatments. The

provider stated that the patient reported improved pain control and functional improvement. However, there was no documentation of objective functional improvement gained from acupuncture.