

Case Number:	CM14-0072757		
Date Assigned:	07/16/2014	Date of Injury:	12/15/2007
Decision Date:	08/22/2014	UR Denial Date:	04/28/2014
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 Board Certified in Chiropractic, 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 41-year-old female with a date of injury of 12/15/07. According to the progress report dated 4/7/14, the patient complained of low back pain. The provider noted that functional activities were unchanged and the patient continued to work full time. The patient was able to get 5-7 hours of sleep nightly. Significant objective findings include tenderness over the bilateral low back and flexion at 80 degrees. Extension of the lumbar spine was limited to 25 degrees. The patient demonstrated full rotation and lateral bending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture x6-lumbar (previous 6): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that acupuncture may be extended if there is documentation of functional improvement. The records revealed that the patient had acupuncture in the past and was responding to acupuncture. The patient had an increase in extension in her lumbar spine and a decrease use in opioids. According to the progress report dated 1/22/14, the patient was prescribed Vicodin 5/500 mg and was no longer

prescribed Vicodin per progress report dated 4/7/14. Based on the discussion above, the provider's request for additional acupuncture is medically necessary.