

Case Number:	CM14-0075768		
Date Assigned:	07/16/2014	Date of Injury:	03/10/1992
Decision Date:	08/14/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 a Board Certified Chiropractor and Acupuncturist 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 73 year old male who sustained a work related injury on 3/10/1992. His diagnoses codes are chronic pain, lumbar spondylosis, and low back pain. Per a PR-2 dated 6/23/2014, the claimant complains of low back pain. The provider is requesting a referral to Anesthesia for an epidural injection. Per a PR-2 dated 6/2/2014, the claimant is taking more Norco and the frequency and intensity of myospasms in his back have increased. He also states that the numbness and tingling in his legs have not subsided. There is tenderness to palpation over paraspinal regions extending to sacroiliac joint bilaterally. He has limited lumbar spine range of motion and positive straight leg rise bilaterally. According to a prior review, the claimant has had prior sessions of acupuncture with good pain relief. Prior treatment includes surgery and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions (lumbar) 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had prior acupuncture of unknown quantity and duration with reported pain relief. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. Therefore without further documentation, further acupuncture is not medically necessary.