

Case Number:	CM14-0077916		
Date Assigned:	07/18/2014	Date of Injury:	07/19/2013
Decision Date:	08/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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, 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:

Claimant is a 32-year-old male who sustained an industrial injury on 7/18/2013. Prior treatment includes physical therapy, trigger point injections, chiropractic, physical therapy, and oral medications. Per a Primary Treating Physician's Progress Report dated 4/22/2014, the claimant complains of continued low back pain. It is constant, aching, radiating and causes weakness in the legs. His diagnoses are lumbar spine strain/strain rule out disc radiculopathy and low back pain. He is working with restrictions. According to an acupuncture report dated 3/28/2014, the claimant has completed 5 acupuncture visits and his lumbar range of motion has decreased. There were no improvements in functional deficits. According to a prior review, there have been 12 visits of acupuncture visits certified and there are acupuncture notes up to 7 visits submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 with no reported improvement. After 5 visits, lumbar spine range of motion is decreased. Since the provider failed to document functional improvement associated with the completion of his acupuncture visits, further acupuncture is not medically necessary.