

Case Number:	CM14-0080108		
Date Assigned:	07/18/2014	Date of Injury:	10/21/2013
Decision Date:	08/25/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/30/2014

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 and 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 claimant is a 44 year old male who sustained a work related injury on 10/21/2013. Six sessions of acupuncture were authorized as a trial on 5/28/2014. Per a PR-2 dated 6/13/14, the claimant complains of constant lower back and left leg pain. He has not attended any authorized acupuncture visits. He is not working. He has tenderness on the low back and limited range of motion in the low back. His diagnoses are lumbar myofascial sprain/strain, lumbar/thoracic radiculitis, lumbosacral disc degeneration, and lumbar stenosis. Prior treatment has included oral medication, epidural injection, topical medication, and a home exercise program. CT (computed tomography) of the lumbar spine shows L5-S1 fusion, mm anterolisthesis L5-S1, and a L4-L5 disc bulge.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of acupuncture to the lumbar spine as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of six visits. Therefore further acupuncture is not medically necessary. If this is a request for an initial trial, eight visits exceeds the recommended guidelines for an initial trial.