

Case Number:	CM14-0085481		
Date Assigned:	07/23/2014	Date of Injury:	03/22/2006
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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:

The patient is a 53-year-old male with a date of injury of 3/22/2006. According to the progress report dated 6/26/2014, the patient complained of constant moderate to severe low back pain with associated numbness and tingling of the bilateral lower extremities. The pain was aggravated by prolonged positioning including sitting, standing, walking, bending, arising from sitting position, ascending or descending stairs, and stooping. The patient denies any bowel or bladder problems. Significant objective findings include tenderness to palpation to the lumbar paraspinal muscles at the spinous process L1-L5, restricted lumbar range of motion, positive straight leg raise bilaterally at 40 degrees, decreased sensation over L4, L5 and S1 dermatomes in the bilateral lower extremities, and decreased motor strength in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine 18 visits: Upheld

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." According to the report dated 5/12/2014, the provider stated that the patient had acupuncture care in the past. The report noted that the Acupuncture treatment provided only temporary relief. The amount of acupuncture received was not documented. There was no documentation of functional improvement from the prior acupuncture session. Based on the submitted documentation, the current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommend 3-6 visits. The provider's request for 18 acupuncture sessions exceeds the guidelines recommendation. Therefore, the request is not medically necessary at this time without documentation of functional improvement.