

Case Number:	CM14-0091031		
Date Assigned:	07/25/2014	Date of Injury:	03/11/2009
Decision Date:	11/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 73 year-old male with a date of injury of 3/11/2009. According to the progress report dated 5/15/2014, the patient complained of increase right-sided low back pain and right foot pain. Significant objective findings include positive straight leg raise and limited range of motion in the lumbar spine. The patient was diagnosed with chronic low back pain with right side radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guideline recommends a trial of 3-6 acupuncture sessions with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. Based on the limited records, there was no evidence that the patient had acupuncture sessions in the past. A trial may be necessary. However, the provider's request for 12 acupuncture sessions exceeds the guidelines recommendation. Therefore, the request for Acupuncture is not medically necessary.

