

Case Number:	CM14-0095803		
Date Assigned:	07/25/2014	Date of Injury:	09/15/2000
Decision Date:	09/09/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 53-year-old male who sustained an industrial injury on 9/15/2000. Prior treatment includes lumbar laminectomy/discectomy/revision surgeries, physical therapy, oral medication, Toradol injection, and topical medication. His diagnosis is status post lumbar surgery and left foot drop. Per a PR-2 dated 4/2/2014, the claimant is having low back pain with radicular symptoms to the left lower extremity to foot, and to the right buttocks. X-rays show mild degenerative changes in the bilateral hips, transitional lumbar segment, and moderate diffuse degenerative through the lumbar spine changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with Electrical Stimulation two (2) times a week for three (3) weeks for the Lumbar Spine: Overturned

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, acupuncture is medically necessary for chronic pain. An initial trial consists of 3-6 visits over 1-2 months. Since there has been no prior acupuncture, a trial of acupuncture is medically necessary for this claimant. If

objective functional improvement is demonstrated, further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Therefore, the request is medically necessary.