

Case Number:	CM14-0180015		
Date Assigned:	11/04/2014	Date of Injury:	09/09/2009
Decision Date:	01/23/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/29/2014

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 Acupuncture & Chiropractic 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 36 year old male who sustained a work related injury on 9/9/2009. Per a Pr-2 dated 8/19/2014, the claimant has pain in the low back with radiation to the right leg as distally as the foot and to the left leg as distally as the knee. He experiences numbness of the right foot and weakness of the right lower extremities. He has stiffness of the low back and swelling of the low back and right foot. His EMG study was normal. His diagnoses are lumbar disc protrusion, lumbar degenerative disc disease, lumbar stenosis, right lower extremity radiculopathy, and status post lumbar microdiscectomy. He is working with modifications. Per a PR-2 on 10/6/14, the provider is requesting acupuncture. He has not had treatment in the last several years and acupuncture has helped in the past with temporary results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture three times per week for four weeks: Upheld

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, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is

defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild temporary benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.