

Case Number:	CM14-0187383		
Date Assigned:	11/17/2014	Date of Injury:	11/08/2013
Decision Date:	01/06/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

Claimant is a 55 year old male who sustained a work related injury on 11/8/2013. Per a acupuncture note dated 10/10/2014, the claimant has pain in the low back that is sharp and radiates to the right leg. He had almost no pain for 6 days but still experienced the pain at work. He has been sleeping better. His diagnoses are lumbago, internal derangement of knee, sciatic pain and myofascial pain. The claimant has had 12 sessions of acupuncture. The claimant has shown improvements in pain symptoms, more flexibility, and improved lumbar spine range of motion. Per a Pr-2 dated 9/15/2014, the claimant has constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, and walking multiple blocks. The provider states that the pain is improving but the pain level is the same as 8/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture treatments 2 times a week for 6 weeks for the lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, 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 with mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.