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| Case Number: | CM14-0188554 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 09/21/2007 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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:

This case involves 59 year old male who sustained a work related injury on 9/21/2007. Per a PR-2 dated 10/20/2014, the injured worker's low back pain is getting worse. He complains of back pain that starts on the left side and he gets severe cramps, burning and weakness in the left leg. When he bends and after 2 hours of bending the pain gets worse. After one month of lumbar epidural steroid injection (LESI) he was better and now his symptoms are worse. He has completed 5/6 acupuncture sessions. He feels they are helpful without aggravating the pain. Other prior treatment includes active therapy, LESI, facet injections, piriformis injections, and medications. His diagnoses are lumbar disc displacement without myelopathy. Identical current symptoms and objective findings were documented on PR-2s dated 5/12/2014, 6/16/14, 7/28/14, and 8/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment to the lumbar spine for 6 sessions, 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain 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 injured worker has had prior acupuncture and had subjective benefits. However, the provider did not document objective functional improvement associated with acupuncture treatment. Therefore, this request is not medically necessary.