

Case Number:	CM14-0188608		
Date Assigned:	11/19/2014	Date of Injury:	10/15/2013
Decision Date:	01/14/2015	UR Denial Date:	10/10/2014
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 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 42 year old male who sustained a work related injury on 10/15/2013. Prior treatment includes modified duties, injections, physical therapy, extracorporeal shockwave therapy, chiropractic, and medications. He is not working. Per a PR-2 dated 8/4/2014, the claimant has pain in the low back of 7/10. He has tenderness of palpation on the lumbar paraspinals, restricted range of motion of the lumbar spine, decreased sensation on the right lower extremity, and straight leg raise bilaterally. His diagnoses are lumbosacral sprain/strain with radiculitis and lumbosacral discogenic disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice (2) a week for four (4) weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. The MTUS Acupuncture Medical Treatment Guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines. MTUS guidelines recommend an initial trial of 3-6 visits of acupuncture. The requested visits exceed the quantity of initial

acupuncture visits supported by the cited guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. If functional improvement is documented, further acupuncture may be medically necessary. Per MTUS guidelines, 8 acupuncture visits are not medically necessary.