

Case Number:	CM14-0191047		
Date Assigned:	11/24/2014	Date of Injury:	02/11/2010
Decision Date:	03/18/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 injured worker is a 45 year old female, who sustained an industrial injury on February 11, 2010. The diagnoses was not provided in the document provided dated June 24, 2014. Previous treatment to date was not included. Currently, the injured worker complains of chronic intermittent pain in the low back with occasional pain into the legs. In a progress note dated June 24, 2014, the treating provider reports limited range of motion, slightly positive straight leg raising test bilaterally. On November 10, 2014 Utilization Review non-certified a acupuncture eight sessions, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 8 SESSIONS: 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. It is unclear whether the claimant had prior acupuncture. If the claimant had prior acupuncture, functional improvement must be documented to justify further acupuncture. If this is a request for an initial trial, the provider must also make clear that this is an initial trial, eight visits exceeds the recommendations for an initial trial.