

Case Number:	CM14-0192399		
Date Assigned:	03/17/2015	Date of Injury:	12/20/2013
Decision Date:	04/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 60-year-old female, who sustained an industrial injury on 12/20/2013. She has reported subsequent back pain and was diagnosed with multi-level lumbar disc disease. Treatment to date has included oral pain medication, acupuncture and surgery. In a progress note dated 09/09/2014, the injured worker complained of low back and sacral pain that had improved somewhat. Objective findings were notable for decreased sacral range of motion. The physician noted that additional acupuncture treatments were being requested since the injured worker reported that previous treatments had helped. Per a PR-2 dated 11/10/2014, the claimant has finished eight sessions of acupuncture. She continues to have low back pain and left wrist pain. She is not working. Per a PR-2 dated 9/9/14, the claimant has improved some with acupuncture. She can do some activities but limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment to the low back: 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 subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.