

Case Number:	CM14-0196728		
Date Assigned:	12/04/2014	Date of Injury:	11/12/2013
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 Board Certified in Chiropractic & Acupuncturist 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 47 year old female who sustained a work related injury on 11/12/2013. Per a Pr-2 dated 10/20/2014, the claimant is returning to work without restrictions. Her diagnoses is facet arthropathy, lumbar radiculopathy, and lumbar spine sprain/strain. She complains of low back pain with increased severity. Prior treatment includes physical therapy, chiropractic, and medications. She has limited range of motion of the lumbar spine, positive straight leg raise on the left, and tenderness in the paraspinals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks to the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This request is for Acupuncture 2 times a week for 4 weeks to the lower back. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for eight visits exceeds the recommended guidelines of less than six. If functional

improvement is documented, further acupuncture may be medically necessary. Based on guidelines, the request is not medically necessary.