

Case Number:	CM14-0196842		
Date Assigned:	12/08/2014	Date of Injury:	06/09/2000
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
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 licensed in Acupuncturist, has a subspecialty in Chiropractic 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 45-year old male who sustained a work related injury on 6/9/2000. Prior treatment includes chiropractic, physical therapy, epidural steroid injections, trigger point injections, right inguinal repair, H wave pad, and medications. The claimant is not working. His diagnoses are thoracic spine degeneration and spasm of muscle. Per a Pr-2 dated 10/29/2014, the claimant has mid back pain and lower backache. He has no change in his condition. He has decreased range of motion of the lumbar spine and tenderness in lumbar musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture for the Spine, 6 Visits, Outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Low Back

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. If functional improvement is documented, further acupuncture may be medically necessary. Therefore a trial of six acupuncture treatments is medically necessary.

