

Case Number:	CM14-0206203		
Date Assigned:	12/18/2014	Date of Injury:	02/28/2007
Decision Date:	02/12/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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 Chiropractor (DC), has a subspecialty 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 patient is a 56-year-old male with a date of injury of 2/28/2007. According the progress report dated 7/25/2014, the patient complained of low back pain with radiation to right leg. The pain was rated at 7/10. There were complaints of numbness and tingling in the right leg. Significant objective findings included negative Valsalva test, negative Patrick's test, positive Lasegue's test on the right, and positive straight leg bilaterally. There was decrease range of motion in the spine with pain. The patient was diagnosed with chronic discogenic low back pain, radiculopathy of bilateral lower extremities, and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient was authorized 6 acupuncture sessions on 4/29/2014. However, there was no

documentation of the outcomes of the 6 authorized acupuncture sessions. Therefore, the provider's request for 6 acupuncture sessions is not medically necessary at this time.