

Case Number:	CM14-0213930		
Date Assigned:	12/31/2014	Date of Injury:	11/29/2007
Decision Date:	12/30/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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 48 year old male who sustained an industrial injury November 29, 2007. Diagnosis is documented as status post lumbar decompression L5-S1 level. According to a primary treating physician's report dated November 18, 2014, the physician documented the injured worker remains symptomatic as he has yet to be authorized for acupuncture treatment requested in June 2014. Physical examination revealed; tenderness in the lower lumbar area with limited range of motion; positive straight leg raise, bilaterally; pain free range of motion of all joints of both lower extremities; sensation intact to light touch and pinprick throughout. At issue, is a request for authorization dated December 9, 2014, for additional acupuncture for the lumbar spine. According to utilization review dated December 16, 2014, the request for additional acupuncture for the lumbar spine, frequency and duration not specified, is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for lumbar spine, frequency and duration not specified: 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 & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient received acupuncture in the past and it has been extremely beneficial. There was no documentation of functional improvement from prior acupuncture treatments. The provider's request for additional acupuncture session for the lumbar spine is not medically necessary or appropriate at this time.