

Case Number:	CM14-0217420		
Date Assigned:	01/07/2015	Date of Injury:	04/17/2012
Decision Date:	05/01/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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 57 year old female who sustained an industrial injury on April 17, 2012. She has reported low back pain and has been diagnosed with lumbago, pain in pelvic/thigh region, and lumbosacral spondylosis without myelopathy. Treatment has included modified work duty, trigger point injections, foam roller, medications, HEP, TENS, acupuncture and physical therapy. Currently the injured worker complains of lower back pain with hip pain bilaterally. The treatment plan included acupuncture. Per a Pr-2 dated 3/31/15, the claimant has low back pain. Per an acupuncture report dated 10/21/14, the claimant has 50% less range of motion of the back and hip joint. Per a PR-2 dated 11/12/14, the claimant had 25% less range of motion of back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 to the lumbar spine: 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 with benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. There is broad improvement in range of motion, however specific motions are not documented and the acupuncturist is just reported an estimated overall benefit. Therefore further acupuncture is not medically necessary.