

Case Number:	CM15-0006434		
Date Assigned:	01/26/2015	Date of Injury:	12/09/2009
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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 patient is a 61 year old male with a date of injury of 12/09/09. According to the report dated 10/20/2014, the patient complained of bilateral low back pain. The pain was rated at 4/10 and was described as burning, dull, and weakness. Significant objective findings include decrease range of motion in the lumbar spine, tenderness over the lumbar facets, spasms noted in the back, negative straight leg raise, negative Faber's test, and no atrophy of the muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, 2x8, QTY: 16: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient had acupuncture in the past. There was no documentation of functional improvement gained through prior acupuncture therapy.

Therefore, the provider's request for 16 acupuncture sessions at a frequency of twice a week for 8 weeks is not medically necessary at this time.