

Case Number:	CM15-0048429		
Date Assigned:	03/20/2015	Date of Injury:	01/13/2014
Decision Date:	05/06/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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 injured worker is a 40 year old male who sustained an industrial injury on 1/13/14. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar spine sprain/strain with radicular complications. Treatments to date have included analgesics, oral muscle relaxers and physical therapy. Currently, the injured worker complains of pain in the lower back. The plan of care was for diagnostics, magnetic resonance imaging and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 Times A Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends acupuncture for pain. It recommends an initial trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. There was no evidence that the patient had a trial

of acupuncture. Therefore a trial is medically necessary at this time. However, the provider's request for 8 acupuncture session exceeds the guidelines recommendation for an initial trial; therefore, the provider's request is not medically necessary at this time. Additional acupuncture beyond the initial trial is recommended with documentation of functional improvement.