

Case Number:	CM14-0113407		
Date Assigned:	08/01/2014	Date of Injury:	10/05/2004
Decision Date:	10/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Practice, has a subspecialty in Preventative Medicine 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:

This 36 yr. old male claimant sustained a work injury on 1/5/05 involving the low back, neck, shoulders and knee. He was diagnosed with an L4 burst fracture, cervical spin strain, left tibial plateau fracture, calcaneal fracture, right knee bucket handle tear and shoulder strain. He underwent lumbar spinal fusion in 2009 and removal of hardware in 2012. A progress note on 3/4/14 indicated the claimant had continued back pain with radicular symptoms. Exam findings were notable for a positive straight leg raise, reduced range of motion of the lumbar spine and muscle rigidity. The treating physician recommended a spinal cord stimulator, analgesics, and cognitive behavioral therapy. There was a subsequent request for 12 sessions of acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 X week X 6weeks Lumbar Spine And Cervical 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 the guidelines, acupuncture is recommended when used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical

rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement is 3 to treatments. In this case, the request is for 12 treatments. Without knowing the clinical response, additional sessions are not necessary. The request for 12 sessions of acupuncture is not medically necessary.