

Case Number:	CM14-0121461		
Date Assigned:	09/16/2014	Date of Injury:	12/27/2007
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	07/31/2014

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 Chiropractic and Acupuncture 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:

The injured worker is a 69 year old male who reported low back pain from injury sustained on 12/27/07 due to cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with 2 level lumbar discopathy. Patient has been treated with medication, bilateral inguinal surgeries, physical therapy, injections and acupuncture. Per medical notes dated 06/16/14, patient complains of continues significant low back ache, along with right lower extremity radiculopathy, rated at 6-7/10. Patient has antalgic gait. Examination revealed tenderness to palpation over the paraspinous musculature of the lumbar region on the right. Range of motion of the lumbar spine was limited. Provider requested additional 2X4 acupuncture sessions. Patient has had 20 acupuncture treatments to date. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker is a 69 year old male who reported low back pain from injury sustained on 12/27/07 due to cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with 2 level lumbar discopathy. Patient has been treated with medication, bilateral inguinal surgeries, physical therapy, injections and acupuncture. Per medical notes dated 06/16/14, patient complains of continues significant low back ache, along with right lower extremity radiculopathy, rated at 6-7/10. Patient has antalgic gait. Examination revealed tenderness to palpation over the paraspinous musculature of the lumbar region on the right. Range of motion of the lumbar spine was limited. Provider requested additional 2X4 acupuncture sessions. Patient has had 20 acupuncture treatments to date. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. The request for Acupuncture 2x4 for Lumbar Spine is not medically necessary.