

Case Number:	CM14-0121925		
Date Assigned:	08/06/2014	Date of Injury:	12/14/2011
Decision Date:	10/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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 licensed in 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 claimant is a 52 year old female who sustained work related injury on 12/14/2011. Per a PR-2 dated 7/2/14, the claimant has low back and left leg pain occasionally. She is not taking medications and has less pain with acupuncture. The provider states that acupuncture is helping her stay off medication. The examination revealed limited range of motion. Her diagnoses are herniated nucleus pulposus, mild spondylosis L3-S1, left L5-S1 herniated disc with associated left sciatica and S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time every 3 weeks for a total of 12 visits, low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, 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 of unknown quantity and duration and has had pain relief.

The provider mentions that acupuncture helps the claimant stay off pain medications, but there are no reports submitted on whether the claimant was taking medication prior to the acupuncture. The provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.