

Case Number:	CM14-0132693		
Date Assigned:	09/22/2014	Date of Injury:	01/08/2010
Decision Date:	10/22/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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, has a subspecialty 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:

Claimant is a 39 year old female who sustained a work related injury on 1/8/2010. Her diagnoses are lumbosacral strain/ arthrosis/discopathy at L5-S1 and psychiatric complaints. Per a QME dated 12/10/2013, the claimant has received three acupuncture treatments, however, she experienced no benefit from the treatments, and she stopped going. Prior treatment has included physical therapy, oral medication, and acupuncture. Per a Pr-2 dated 7/29/2014, the claimant has been approved for a lumbar ESI. She continues to have intermittent low back pain with left lower extremity radiculopathy symptoms. The claimant has had 4 acupuncture sessions but stopped. She is working with modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupunctre w/o Stimulation 15min Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS 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 with not benefit. There is no documentation of functional benefits or of any reason why acupuncture would have a different benefit now. Therefore further acupuncture is not medically necessary.