

Case Number:	CM14-0136104		
Date Assigned:	09/03/2014	Date of Injury:	02/05/1993
Decision Date:	10/17/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/22/2014

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 & 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 56 year old male who sustained a work related injury on 2/5/1993. Per a PR-2 dated 2/17/2014, the provider is recommending acupuncture as this has helped. Per a PR-2 dated 7/7/14, the claimant continues to have pain and cramping down the legs. He has stiffness and numbness when driving for long periods without stopping to stretch. The claimant uses TENS periodically. The claimant has completed a few sessions of acupuncture. According to an Align utilization review the claimant has attended seven sessions of acupuncture from 6/9/14-7/8/14. His diagnoses is lumbar stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture without stimulation 15 minutes 8 sessions 2x week for 4 weeks for the Lumbar 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 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 this year with no reported benefits. The claimant had prior acupuncture that was reported to have helped him. Since the provider fails to document objective functional improvement associated with the completion of acupuncture treatments, further acupuncture is not medically necessary.