

Case Number:	CM14-0137737		
Date Assigned:	09/05/2014	Date of Injury:	08/26/2012
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/26/2014

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 Chiropractic and Acupuncture and is licensed to practice in New York. 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 30-year-old female who was bending forward to reach for a cup when she felt a strong pain in her low back area. The injured worker was medically diagnosed with lumbar intervertebral disc syndrome/disorder. Most recently, the applicant has received an undetermined number of acupuncture and physiotherapy treatments. The 2 acupuncture treatment notes reviewed (06/05/14 and 06/23/14) fail to report any outcome or functional improvement. The notes reviewed are significant for subjective complaints of sharp, achy, throbbing low back pain that radiates. It is also noted that the applicant's pain level has remained between a 6 and 7 of 10. A request for 6 acupuncture treatments was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 6 weeks (6 sessions total): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines notes that time to produce functional improvements is 3-6 treatments. In this case, the applicant has received at least 2 acupuncture treatments and has requested an additional 6 acupuncture treatments, which falls outside the

recommended 3-6 visits. The MTUS Acupuncture Guidelines notes that acupuncture may be extended if functional improvement is documented. The records indicate that the applicant received 2 acupuncture treatments but no supporting functional improvements were reported. Therefore, based on the guidelines and a review of the evidence, the request for 6 acupuncture treatments is not medically necessary.