

Case Number:	CM14-0146425		
Date Assigned:	09/12/2014	Date of Injury:	11/18/2009
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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, 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:

The patient is a 53-year-old male with a date of injury of 11/18/2009. According to the progress report dated 8/13/2014, the patient complained of flare up for low back and leg pain. The symptoms began after a prolonged drive. The provider noted that the patient's previous lumbar epidural injection and piriformis cortisone injections on 5/20/2014 were efficacious in decreasing pain symptoms. Significant objective findings include decreased lumbar range of motion, motor strength 5/5 except for the gastroc soleus on the left, which was a 4/5, and no sensory deficits to light touch. Straight leg raise and facet loading maneuvers were negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT Acupuncture x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The provider's request for additional 6 acupuncture sessions is not medically necessary at this time. Records indicate that the patient had prior acupuncture care and it was noted to be somewhat helpful. After reviewing the medical records, the provider stated that the

lumbar epidural injections provided the patient with reduced pain symptoms. There was no documentation of functional improvement as defined in section 9792.20(f) from the prior acupuncture sessions.