

Case Number:	CM14-0151952		
Date Assigned:	09/22/2014	Date of Injury:	09/23/2008
Decision Date:	10/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/17/2014

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 Chiropractic 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 58-year-old female with a date of injury of 09232008. According to the progress report dated 072114, the patient complained of low back, right knee, and right ankle pain. The patient noted sleeping difficulty due to the intensity of her pain. Activities of daily living were affected due to her pain. Prolonged standing and walking aggravates her pain. Significant objective findings include tenderness over the lumbar paraspinal musculature bilaterally, right buttock, limited lumbar range of motion and tenderness over the right medial joint line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits lumbar spine, right ankle and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: Title 8, California Code of Regulations, section 9792.20

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guidelines states that acupuncture may be extended if there is documentation of functional improvement as defined in section 9792.20(f). After review of the submitted documents, there was evidence that the patient had prior acupuncture care. The provider stated that the patient reported past clinical improvement

from medical acupuncture allowing her to decrease her medication intake. There was no documentation of the outcome of past acupuncture session and the number of sessions completed. Based on the lack of functional improvement from past acupuncture care the providers requests for eight additional acupuncture sessions is not medically necessary.