

Case Number:	CM14-0159882		
Date Assigned:	10/03/2014	Date of Injury:	04/23/2014
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 45-year-old male who was pulling a pallet of juice using a pallet jack when he felt pain in his low back and up the right side. The applicant proceeded to an Emergency room where he was evaluated, x-rays were taken and he was released with analgesic medication. To date, the applicant has been treated with analgesic medication and an undetermined number of physical therapy sessions. A request for twelve acupuncture sessions for the treatment of the thoracic and lumbar spine with a primary diagnosis of thoracic disc degeneration (722.51) was submitted. The most recent treatment note dated 9/11/14, is notable for continued complaints of mid and low back pain, decreased thoracolumbar range of motion, intact lower extremity neurologic exam and a negative straight leg raise bilaterally. It is also noted that the applicant has continued with his analgesic medication. The applicant was still on modified work duty as of his last physical therapy note dated 5/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to thoracic and lumbar x12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS 9792.24.1.c notes that the time to produce functional improvement is 3-6 acupuncture treatments. In this case, the applicant has requested 12 acupuncture sessions, which falls outside the recommended 3-6 visits. No evidence of prior acupuncture treatment was provided. Therefore based on the guidelines and a review of the evidence, the request for 12 acupuncture treatments is not medically necessary on Independent Medical review.