

Case Number:	CM14-0162376		
Date Assigned:	10/07/2014	Date of Injury:	12/19/2013
Decision Date:	11/07/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/02/2014

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 a licensed Acupuncturist, 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:

This is a 21 y/o male patient with pain complains of the lower back. Diagnoses included strain of the lumbar spine, lumbar radiculopathy. Previous treatments included: oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x6 was made on 08-26-14 by the PTP. The requested care was denied on 09-12-14 by the UR reviewer. The reviewer rationale was "the MD suggested acupuncture x6 on 8-26-14, if he had six sessions, there is no indication it helped as medications, pain and findings are ongoing, therefore more acupuncture would not be supported".

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) Acupuncture sessions over 3 weeks, low back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self-care) the acupuncture trial requested for pain management and function recovery is supported by the MTUS. The current

mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments; therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.