

Case Number:	CM14-0163648		
Date Assigned:	10/08/2014	Date of Injury:	05/18/2014
Decision Date:	12/24/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Chiropractor 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:

Claimant is a 50 year old female who sustained a work related injury on 5/18/2014. Per a PR-2 dated 9/2/2014, the claimant complains of constant pain and stiffness in the lumbar spine radiating down the left lower extremity to the foot with numbness and tingling to the left leg. She has limited range of motion of the lumbar spine, positive straight leg raise, decreased sensation on the left, and tenderness to palpation in the lumbar musculature. Her diagnoses are lumbar spine sprain/strain with possible internal derangement and clinical left lower extremity radiculopathy. She is temporarily totally disabled. Prior treatment has included medication, acupuncture, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work

restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with no documented benefits. Therefore, further Acupuncture is not medically necessary.