

Case Number:	CM14-0091020		
Date Assigned:	07/25/2014	Date of Injury:	09/29/2004
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a female of unknown age whose date of injury is 09/29/2004. The mechanism of injury is not described. The most recent documentation submitted for review is dated 05/13/14. The injured worker underwent MRI that reportedly showed some bulging discs at L3-4, L4-5 and L5-S1, worse at L4-5. There is lateral recess stenosis at L3-4 and L4-5. Diagnosis is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture 2 x 6 low back is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review. The mechanism of injury and diagnoses are not documented. There are no specific, time-limited treatment goals provided. Therefore,

medical necessity cannot be established in accordance with California Acupuncture Treatment Guidelines.

Chiropractor 2 x 6 low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for chiropractic 2 x 6 low back is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review. The mechanism of injury and diagnoses are not documented. There are no specific, time-limited treatment goals provided. Therefore, medical necessity cannot be established in accordance with CAMTUS Guidelines.