

Case Number:	CM14-0092474		
Date Assigned:	07/25/2014	Date of Injury:	05/12/2000
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/19/2014

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 Chiropractics, has a subspecialty in Acupuncture 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 57 year old male who sustained a work related injury on 5/12/2000. Per a PR-2 dated 5/9/2014, the claimant continues to have pain in his low back with radiation to bilateral legs. He reports that he as had good relief with acupuncture after 12 sessions of treatment. This treatment gives him better ranges of motion and helps increase activities of daily living. His diagnoses are lumbar spine sprain/strain with radicular complaints. Per a PR-2 dated 2/14/2014, the claimant has completed one session of acupuncture with no relief. Pre a PR-2 dated 3/14/2014, the claimant has completed five sessions of acupuncture with mild improvement of his pain symptoms. Objective findings remain the same from PR-2s dated 12/4/2013-5/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture visits 1x6 to the low back, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional

improvement means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture with subjective improvement. However the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Objective findings remain the same and the claimant's work status has not changed. Therefore further acupuncture is not medically necessary.