

Case Number:	CM14-0094432		
Date Assigned:	07/25/2014	Date of Injury:	06/13/2013
Decision Date:	10/07/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 licensed in Chiropractic, 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:

The patient is a 38-year-old male with a date of injury of 6/13/2013. According to the progress report dated 6/10/2014, the patient complained of right-sided lower back pain radiating down the right lower extremity to the ankle. The patient also complained of lower left leg pain from the knee to the foot. Significant objective findings include positive straight leg raise, negative on the left, intact neurologic exam, and +2 deep tendon reflexes. Flexion in the lumbar spine was measured at 90 degrees, 20 degrees in extension, and 30 degrees in lateral bending bilaterally. The patient was diagnosed with right L5-S1 disc herniation, right sciatica, L4-5 high intensity zone and annular tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended with documentation of functional improvement. The report dated 6/10/2014, noted that physical therapy, chiropractic treatments, acupuncture, and one epidural steroid injection

was not helpful. Based on the submitted medical records and evidence-based guidelines, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.