

Case Number:	CM14-0195066		
Date Assigned:	12/02/2014	Date of Injury:	04/18/2007
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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:

Claimant is a female who sustained a work related injury on 4/18/2007. Per a PR-2 dated 9/30/2014, the claimant's pain level in the low back seem to be stabilizing overall between level 3 to 5. Pain in the leg overall improved from level 5 down to a level 3-4. Further functional gains have been noted with the lower extremity functional scale from prior score of 63 to 53. She continues to not use medication because it causes her dizziness. She states that she is sleeping better and standing a little bit longer and sleeping for longer periods of time. She has palpable trigger point and muscle guarding. Lumbar range of motion is flexion 70 degrees, extension, side flexion 25 degrees. Her diagnoses is lumbar sprain/strain and lumbosacral radiculitis. Per a report dated 11/4/2014, the claimant has had 16 session of acupuncture in the recent months. She is being treated under future medical care. She insists that she is having a flare of pain of 6/10. Her lumbar range of motion is 70 degrees in flexion and 20 degrees of extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x4: Overturned

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 significant improvement in functional scale. The claimant is currently having a flare-up and four sessions of acupuncture would be medically necessary to address the flare-up.