

Case Number:	CM14-0211311		
Date Assigned:	12/24/2014	Date of Injury:	05/31/2013
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 claimant had a date of injury of 5/31/2013. Diagnoses include lumbar back strain/sprain, lumbar disc protrusions, lumbar facet hypertrophy. Treatment has included physical therapy, chiropractic therapy, acupuncture and medication. There is plan for a diagnostic lumbar block. The current request is for 12 acupuncture visits for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of acupuncture for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 8-9.

Decision rationale: The CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:

1) Time to produce functional improvement: 3 to 6 treatments 2) Frequency: 1 to 3 times per week.3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case there the requested 12 sessions would exceed the duration of treatment indicated for initial treatment. Additionally, the claimant has already had an undefined number of acupuncture sessions, to which his response is not well documented. For these reasons, 12 session of acupuncture to the lumbar spine is not medically indicated.