

Case Number:	CM15-0011493		
Date Assigned:	01/29/2015	Date of Injury:	08/05/2013
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/21/2015

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: Ohio

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 30-year-old female who sustained a work-related injury on 8/5/13. PR-2 dated 1/7/15 notes a chief complaint of lower back pain and lower extremity pain. Pain is rated 8/10 and is characterized as sharp shooting. Previous treatment has included medications and a request for a spinal cords simulator. UR decision dated 1/21/15 modified a request for 8 acupuncture treatments to 3 sessions citing MTUS guidelines and the need for an initial trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Initial acupuncture times 8 sessions for the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines suggest an initial trail of 3-6 visits 1 to 3 times a week to establish functional improvement. There are no extenuating circumstances within the file presented to suggest treatment beyond the acupuncture medical

treatment guidelines. The request for 8 sessions exceeds the guideline recommendation for 6 and is therefore not medically necessary.