

Case Number:	CM14-0147763		
Date Assigned:	09/15/2014	Date of Injury:	10/03/2013
Decision Date:	10/07/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 36 year old female who sustained a work related injury on 10/3/2013. Per a Pr-2 dated 8/18/14, the claimant has low back pain to the bilateral lower extremities. She reports that chiropractic treatment helps and acupuncture slightly aggravates symptoms. Her diagnoses are lumbar spine myoligamentous injury with discopathy, lumbar spine radiculitis to the bilateral lower extremities, L5-S1 degenerative disc disease, and L5-S1 spondylosis and spondylolisthesis. She is released to modified work of no prolonged sitting/driving of greater than 20 minutes at a time. Prior treatment has also included physical therapy and medications. Per a PR-2 dated 7/7/14, the claimant's low back pain is slowly improving with acupuncture. She still has pain to the left lower extremity and is worse with prolonged sitting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture With Adjunct 2 Times per Week Times 6 Weeks: Upheld

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 a prior acupuncture which was initially beneficial but then caused the claimant to have aggravated symptoms. The provider fails to document objective functional improvement associated with the completion of acupuncture treatment. The claimant is concurrently receiving chiropractic treatment, so the results of acupuncture are hard to separate. However in the last PR-2 the claimant noted that acupuncture was aggravating while chiropractic was beneficial. Therefore further acupuncture is not medically necessary.