

Case Number:	CM13-0031267		
Date Assigned:	12/04/2013	Date of Injury:	01/20/2013
Decision Date:	03/11/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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: California

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:

The injured worker (IW) has a date of injury of 01/20/2013 from a contusion injury. Subjectively, the Injured Worker has complaint of low back pain. Her primary diagnosis is of sprain in the lumbar region. She has received conservative treatment of the low back pain. This conservative treatment has included analgesic medications, 16 sessions of acupuncture, and physical therapy (number of sessions not documented). A request for authorization (ROA) for Acupuncture 2x3 to the low back was submitted 09/17/2013. In the progress report of that date, the Injured Worker reported continued improvement with the acupuncture treatment, improved performance of activities of daily living, and reduction in pain level. There was minimal tenderness to touch and no elicited sensory or vascular deficit of the lower extremities. As of the examination dated 09/17/2013, the Injured Worker was not taking analgesics and had returned to regular duty work. The physician advisor reviewed the submitted ROA from 09/17/2013 and documentation dated 01/20/2013 through 09/24/2013. After attempting to discuss the case with the requesting provider by phone on 09/24/2013, the physician advisor issued a decision in a utilization review letter issued 09/25/2013 that partially medically certified acupuncture to the low back 1x3 sessions. The reason for extension of the acupuncture was the presence of functional improvement. Partial certification was intended to diminish reliance on medical treatment over time. California Medical Treatment Utilization Schedule (CA MTUS) Acupuncture was cited for reference. An application for independent medical review (IMR) was made on 10/01/2013 requesting review of the acupuncture 2x3 to low back /partially medically certified by the physician advisor for 1x3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 to the low back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient was treated for chronic low back pain. The records indicate that the patient had received acupuncture in the past. There was documentation of improved performance of activities of daily living and reduction in pain. There was minimal tenderness to touch and no sensory or vascular deficit. In addition, the patient was not taking analgesic and has returned to regular duty work. Based on the discussion above, the provider's request for 6 additional acupuncture sessions to the low back is medically necessary at this time.