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| Case Number: | CM14-0173107 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 08/02/1988 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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: 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 is a 61 year old female, who sustained an industrial injury on August 2, 1988. The diagnoses have included status post lumbar discectomy L5-S1 and status post L5 laminectomy. Treatment to date was not provided in the physicians notes. Currently, the IW complains of low back pain with significant increase in pain for no know reason the pain extends to her right leg but the symptoms in the right leg have increased, she is having pain extending all the way into her right thigh pushing, pulling, reaching carrying, lifting, walking or any type of activity causes pain. On September 19, 2014 Utilization Review non-certified acupuncture two times a week for two weeks for lumbar spine noting the MTUS was cited. On September 12, 2014, the injured worker submitted an application for IMR for review of acupuncture two times a week for two weeks for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 2 weeks, lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the patient has had prior acupuncture treatments or if the request is for initial trial of care. Currently, the IW complains of low back pain with significant increase in pain for no known reason the pain extends to her right leg but the symptoms in the right leg have increased, she is having pain extending all the way into her right thigh pushing, pulling, reaching carrying, lifting, walking or any type of activity causes pain. Provider requested a trial of 4 acupuncture treatments which are within guidelines. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 4 Acupuncture visits are medically necessary.