

Case Number:	CM14-0215861		
Date Assigned:	01/06/2015	Date of Injury:	07/31/2014
Decision Date:	02/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/23/2014

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:

This is a 45 year old male who sustained a work related injury on 7/31/2014. The mechanism of injury has not been provided with the clinical documentation received. Per the Primary Treating Physician's Progress Report dated 11/13/2014, the injured worker reported occasional severe (8 out of 10) sharp low back pain with stiffness, heaviness, numbness and tingling with radiation to the bilateral legs and weakness. There is relief with medication. Objective physical examination revealed lumbar spine flexion 40 degrees, extension 20 degrees, and left and right lateral bending 20 degrees. Kemp's causes pain and straight leg raise causes pain. Diagnoses included lumbar radiculitis, lumbar radiculopathy and lumbar sprain/strain. The plan of care included physical therapy, acupuncture, urine toxicology and medications. Work Status is modified. On 12/04/2014, Utilization Review non-certified a prescription for Acupuncture (2x6 weeks) for the low back based on lack of medical necessity. The CA MTUS Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times six weeks for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture treatments which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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, 12 Acupuncture visits are not medically necessary.