

Case Number:	CM14-0048801		
Date Assigned:	06/25/2014	Date of Injury:	06/04/2001
Decision Date:	05/05/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 51-year-old male, with a reported date of injury of 06/04/2001. The diagnoses include low back pain with radiculopathy and sacroiliac joint dysfunction. Treatments to date included topical pain medication and ankle surgeries. The medical report dated 02/25/2014 indicates that the injured worker complained of low back pain with radiation to the right lower extremity. He rated the pain 6 out of 10. He also complained of some weakness in the right lower extremity. The physical examination showed some tenderness to palpation near the lumbosacral junction and over the sacroiliac joints; no motor deficits; decreased sensation over the right lower extremity; and tenderness to palpation over the right and left sacroiliac joint. The treatment plan included physical therapy, acupuncture, and an MRI of the lumbar spine. The treating physician requested thirty acupuncture visits for the lumbar spine. Six visits were authorized 3/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Acupuncture Visits for lumbar spine.2 times a week for 3 weeks then 4 times a week for 6 weeks as an outpatient.: 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 prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 30 visits exceeds the recommended guidelines for an initial trial. The request is not medically necessary.