

Case Number:	CM15-0000759		
Date Assigned:	01/12/2015	Date of Injury:	10/24/2011
Decision Date:	03/10/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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 47 year-old male, who was injured on October 24, 2011, while performing regular work duties. He continues complaint of neck and low back pain. The current diagnosis on the request for authorization dated December 17, 2014, is cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, psychogenic pain, and long term use of medications. On November 26, 2014, he reports acupuncture helping with his ability to stand or walk for a little longer. On December 16, 2014, he reports his pain has been reduced from a 7 to 6 out of 10 on a visual analogue scale. Physical findings on this date are lumbar extension 10 degrees, and lumbar flexion 60 degrees, both with pain. The injured worker has received treatment including: six (6) sessions of acupuncture, chiropractic treatment, medications, radiological imaging, electrodiagnostic studies, and cervical epidural steroid injections. The request for authorization is for an additional twelve (12) sessions of acupuncture to the lumbar spine. The primary diagnosis on the application is cervical intervertebral disc displacement without myelopathy. Per a PR-2 dated 12/16/14, the claimant is post CESI on 12/9/14 which resulted in reduction of pain and numbness and tingling. The provider is requesting acupuncture because acupuncture was helpful after his 4th session. He recalls that his back pain was better and he was able to stand/walk for a little longer at a time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 session for the lumbar spine: 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 of six sessions with reported benefit. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.