

Case Number:	CM15-0001010		
Date Assigned:	01/12/2015	Date of Injury:	07/05/2008
Decision Date:	03/13/2015	UR Denial Date:	12/02/2014
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 55 year old male, who sustained an industrial injury on 07/05/2008. He has reported low back pain, inability to walk or stand for long periods, spasms, and pain radiating to the left leg. The diagnoses have included lumbar disc disease. Treatment to date has included acupuncture. Per a pr-2 dated 10/30/14, the acupuncturist reports that the IW reports a decrease in low back pain. The IW stated that he had experienced a reduction in low back that the IW reported that pain by about 75%, improvement from the acupuncture, and that the low back pain had not been radiating to the left leg. Examination findings show that lumbar spine range of motion is about 30% of expected. Per a Pr-2 dated 8/12/14, the claimant is about to proceed with 8 acupuncture treatments and lumbar spine range of motion is about 30% of expected. On 12/02/2014, Utilization Review non-certified a request for acupuncture for the lumbar spine, noting the decreased range of motion with concomitant complaint of pain, lack of evidence of an intolerance to medications, and unclear evidence of how this modality would be used in adjunct to a physical rehabilitation program and/or surgical intervention to hasten recovery. The MTUS was cited..

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 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 with reported benefit. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Examination findings of lumbar spine range of motion remain the same. Therefore further acupuncture is not medically necessary.