

Case Number:	CM15-0001285		
Date Assigned:	01/12/2015	Date of Injury:	08/22/2002
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
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 67 year old male, who sustained an industrial injury on 8/22/2002. He has reported back pain and muscle spasms. The medical records documented results from a Magnetic Resonance Imaging (MRI) completed 2009, indicating multiple disc bulges near right side L2, mild compression of L3, encroaching L4 and L5. The diagnosis had included lumbosacral sprain/strain. Treatment to date has included anti-inflammatory, ultram, soma, anaproxi, and was certified for eight (8) acupuncture sessions. Currently, the IW complains of low back pain and muscle spasms and limited movement. Physical exam documented lumbar spine tenderness. The diagnosis included lumbar sprain/strain with disc bulges. As of January 31, 2014, the IW was documented to continue with previously prescribed medications. The plan of care included acupuncture treatments. On 12/23/2014 Utilization Review non-certified five (5) acupuncture visits noting the lack of documentation submitted to support prior functional improvement. MTUS and ODG Guidelines were cited. On 1/5/2015, the injured worker submitted an application for IMR for review of five (5) acupuncture treatments for the lumbar spine, one visit weekly for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Acupuncture Treatments for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG 2013

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 5 acupuncture treatments which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 5 acupuncture treatments are not medically necessary.