

Case Number:	CM15-0001486		
Date Assigned:	01/12/2015	Date of Injury:	06/13/2012
Decision Date:	03/04/2015	UR Denial Date:	12/10/2014
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:

Claimant is a 58 year old female who sustained a work related injury on 6/13/2012. Her diagnoses are complication due to other internal orthopedic device/implant graft, lumbosacral spondylosis without myelopathy, postprocedural arthrodesis, and lumbago. Per a PR-2 dated 10/27/2014, the claimant pain in the low back as well as numbness and weakness of the legs. She reports an aggravation of symptoms at night. Examination shows that range of motion of the lumbar spine was painful and Heel walk was positive. Straight leg raise was positive bilaterally, sensation to light touch bilaterally was decreased at the medial side of both feet, and she had difficulty squatting. EMG studies show the there was chronic L5 nerve root irritation on both sides. She had surgical removal of hardware in the lumbar spine on 11/21/2014. The current request is for acupuncture twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture BID once a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain and post surgically, but a request for eight visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted.