

Case Number:	CM15-0003468		
Date Assigned:	01/14/2015	Date of Injury:	06/26/2013
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/07/2015

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 23 year old female, who sustained an industrial injury on 6/26/13. She has reported low back pain. The diagnoses have included Lumbar spine large herniated disc with stenosis. Treatment to date has included medications and aquatic therapy. Currently, the IW complains of low back pain. Physical exam revealed tenderness along the paraspinals in the region of L4-S1, decreased range of motion and pain with flexion greater than on extension. On 12/23/14 Utilization Review non-certified 12 acupuncture sessions to lumbar spine, noting acupuncture may be used as an adjunct to physical rehabilitation to hasten recovery, there is no documentation the Injured Worker is actively seeking physical rehabilitation or surgical intervention. The MTUS, ACOEM Guidelines, was cited. On 1/7/15, the injured worker submitted an application for IMR for review of 12 acupuncture sessions of lumbar spine. Per a PR-2 dated 10/22/2014, the claimant has undergone 3-4 sessions of aquatic therapy with some relief. and also some relief from Mobic. She has pain with flexion greater than extension. Examination finds decreased lumbar range of motion and positive straight leg raise. He is working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 weeks of 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: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 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.