

Case Number:	CM15-0003786		
Date Assigned:	01/14/2015	Date of Injury:	08/06/2009
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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 female who reported neck and low back pain from injury sustained on 08/06/09. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with lumbar sprain/strain, lumbar radiculopathy; cervical sprain/strain, and cervical radiculopathy. Patient has been treated with medication, physical therapy, and acupuncture. Per medical notes dated 11/21/14, patient complains of dullness and achy pain rated at 8-9/10 without medication and 4-5/10 with medication. Pain is associated with headaches and radiating pain to upper extremities. Patient complains of low back dullness and achy pain rated at 8-9/10 without medication and 5/10 with medication. Pain is associated with numbness and radiating pain to bilateral lower extremity, left greater than right. Examination revealed tenderness to palpation of the cervical and lumbar spine para-vertebral muscles. Provider is requesting additional 6 acupuncture treatments for the lumbar spine which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

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, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per utilization review, patient has been authorized 8 acupuncture treatment. Provider is requesting additional 6 acupuncture treatments for the lumbar spine which were non-certified by the utilization review. 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, 2x3 acupuncture treatments are not medically necessary.