MAXIMUS Federal Services

Case Number:	CM15-0005686		
Date Assigned:	02/26/2015	Date of Injury:	12/16/2013
Decision Date:	04/07/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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 43-year-old female, who sustained an industrial injury on 12/16/13. The injured worker has complaints of lower back pain with radiation into the right greater than the left lower extremity. There is dull aching and shooting pain with numbness, tingling a weakness. The diagnoses have included lumbar or lumbosacral disc degeneration; thoracic or lumbosacral neuritis or radiculits not otherwise specified and sleep disturbances not otherwise specified. The documentation noted on 7/8/14 that she had undergone acupuncture which were mildly helpful. The same documentation noted that she did not get relief with traction, chiropractic, or acupuncture. Per a report dated 8/8/2014, the claimant had acupuncture in the past that made her pain worse. Per a acupuncture report dated 9/5/2014, the claimant remains unchanged. Per a acupuncture report dated 9/5/2014, the claimant's low back pain felt slightly better. Per a acupuncture report dated 9/26/2014, the claimant is the same. Per a acupuncture report dated 10/10/2014, the claimant's low back pain is very high and would like stronger medication. Per a acupuncture report dated 10/31/2014, the claimant reports that her last treatment lasted until next morning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk X 4wks Lumbar: 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 of unknown quantity and duration and most recently another eight sessions. She had minimal temporary benefit. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.