

Case Number:	CM15-0006748		
Date Assigned:	01/26/2015	Date of Injury:	06/05/2009
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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 58 year old female, who sustained an industrial injury on June 5, 2009. Her diagnoses include strain with radicular complaints of the lumbar spine. She has been treated with a prior course of acupuncture, but the specific dates or results of treatment were not included in the provided medical records. On November 18, 2014, her treating physician reports the injured worker had difficulty with walking due to pain and 50% decreased pain reduction for one week from acupuncture sessions. The physical exam revealed bilateral paralumbar musculature tenderness to palpation, positive bilateral straight leg raise, and decreased sensation on the left. The injured worker walked with a cane. On December 16, 2014 Utilization Review non-certified a prescription for 8 visits (2 times a week for 4 weeks) of acupuncture for the back, noting the lack of evidence of functional improvement from prior acupuncture care. The California Medical Treatment Utilization Schedule (MTUS) Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture 2 time a week for 4 weeks to the back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Furthermore requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X4 acupuncture treatments are not medically necessary.