MAXIMUS Federal Services

Case Number:	CM15-0007435		
Date Assigned:	01/26/2015	Date of Injury:	10/03/2011
Decision Date:	03/18/2015	UR Denial Date:	01/12/2015
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 61 year old female, who sustained an industrial injury on 10/03/2011. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with Grade I spondylolisthesis at lumbar four to five, failure of non-operative treatments including epidural steroid injection, new onset of the right lower extremity radiculopathy, status post lumbar anterior posterior fusion and decompression at lumbar four to sacral one with residual lower extremity neurologic symptoms, complex regional pain syndrome, and status post lumbar anterior fusion at lumbar four to lumbar five with residuals. Treatment to date has included physical therapy, electromyogram with nerve conduction study, x-rays of the lumbar spine, epidural steroid injection, and above listed surgical procedures. Currently, the injured worker complains of constant low back pain that radiates to the right lower extremity that is rated a seven out of ten and was noted to be an increase. The injured worker also has associated symptoms of tingling to the bilateral feet. The treating physician requested acupuncture treatment to the lumbar spine based on the California Medical Treatment Utilization Schedule, Acupuncture Medical Treatment Guidelines. On 01/12/2015 Utilization Review non-certified the requested treatment of acupuncture two times four to the lumbar spine, noting the California Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG Guidelines-Low back-radiography (x-rays)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2X4 acupuncture sessions which werenon-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.