

Case Number:	CM15-0101186		
Date Assigned:	06/03/2015	Date of Injury:	02/19/1996
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 68 year old male, who sustained an industrial injury on February 19, 1996. Treatment to date has included six acupuncture visits, medication, and home exercise. Currently, the injured worker reports improvement with his previous sessions of acupuncture and his medication. An acupuncture visit on April 6, 2015 revealed that the injured worker had received six acupuncture sessions including acupuncture, electrical stimulation, manual myofascial release, heat and diathermy, neuromuscular re-education and mindfulness stress reduction. At the acupuncture visit, the injured worker reported that his pain rating was reduced from 8-9 on a 10-point scale to a 5 on a 10-point scale. He reported intermittent moderate pain which lasted for only a few minutes at a time and noted that the pain in his hips and legs was resolved. He reported intermittent moderate paresthesia of the ankles and feet and noted the paresthesia in his legs was resolved. He reported that his ability to complete housework and cooking had improved. He was able to walk 30 minutes every day and required less frequent use of a cane. The diagnoses associated with the request include joint facet arthritis. The treatment plan includes twelve visits of continued acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care. After six prior acupuncture sessions were rendered with documented benefits in symptom reduction, function improvement, additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested by the provider (x 12) exceeds significantly the guidelines criteria without a medical reasoning to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 12 is not supported for medical necessity.