

Case Number:	CM15-0101269		
Date Assigned:	06/03/2015	Date of Injury:	01/24/2014
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
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: 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 45-year-old male, who sustained an industrial injury on 1/24/14. He has reported initial complaints of a low back injury. The diagnoses have included lumbar sprain, lumbago, discogenic back pain and lumbar spine intervertebral disc tear. Treatment to date has included medications, diagnostics, physical therapy, pain management and acupuncture. Currently, as per the physician progress note dated 4/23/15, the injured worker complains of constant pain in the bilateral back that travels to the right leg which he describes as tender, dull and sore. He rates the pain 3/10 on pain scale without the medications and complains of numbness in the right leg. He states that the pain is unchanged and increases when cold. He also reports difficulty with sleep due to pain, decreased energy levels, numbness and tingling with the pain and pain aggravated by activities. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/25/14 that reveals disc bulge and annular tear. The physical exam of the lumbar spine reveals positive Lasege's test on the right and extradural involvement/sciatic tension is positive bilaterally. The straight leg raise test causes pain bilaterally along the sciatic distribution. There is moderate paraspinal tenderness and spasms bilaterally and range of motion is limited by pain and spasm with lumbar flexion, extension and lateral bending bilaterally. The current medications were not listed. There are previous acupuncture and physical therapy sessions noted in the records. The physician requested treatment included Acupuncture 2 times a week for 6 weeks to the lower back for 12 sessions. Six sessions of acupuncture were previously authorized in March 2015. Acupuncture notes submitted state that the claimant is improving with no details.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks, lower back Qty: 12: 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 and was noted to be improving. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.