

Case Number:	CM15-0105397		
Date Assigned:	06/09/2015	Date of Injury:	09/29/2003
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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 (IW) is a 67 year old male who sustained an industrial injury on 09/29/2003. He reported lumbar pain and lower extremity pain. The injured worker was diagnosed as having chronic pain, degenerative lumbar/lumbosacral intervertebral disc, lumbago, and thoracic/lumbosacral radiculitis. Treatment to date has included epidural steroid injections, and medications. Currently, the injured worker complains of low back pain and pain into the lower extremities. On examination, there is no tenderness of the spine, ribs, or sacroiliac joint, and there is full and painless range of motion of the thoracic and lumbar spine. There is normal muscle strength and tone in the right lower extremity, and slightly decreased strength in the left lower extremity. The IW has an antalgic gait, normal posture, normal reflexes, and a negative Romberg. There is positive straight leg raising on the left at 15 degrees. The treatment plan includes a lumbar epidural steroid injection left L3-4 and L4-5, acupuncture, and medications. A request for authorization is submitted for Acupuncture x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits completed should be submitted. Therefore, 8 sessions of acupuncture are not medically necessary as requested.