

Case Number:	CM15-0106010		
Date Assigned:	06/10/2015	Date of Injury:	07/04/2012
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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 was a 36 year old male, who sustained an industrial injury, July 14, 2012. The injured worker previously received the following treatments vest, physical therapy, chiropractic services, lumbar spine MRI noted 3-4mm right disc protrusion L4-L5 with a large nerve root and 3-4 mm disc complex with moderate non-facial narrowing, lumbar spine radiculopathy right greater than the left. The injured worker was diagnosed with lumbosacral neuritis. According to progress note of April 22, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain at 3 out of 10 with pain medication and 4 out of 10 without pain medication. The injured worker had attended 6 session of acupuncture. The acupuncture had increased the injured workers ability. There was tenderness with palpation, joint pain and muscle soreness. The treatment plan included a request for additional acupuncture sessions.

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 3 weeks, outpatient: 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 number of acupuncture sessions to produce functional improvement is 3-6 treatments also states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient already underwent six prior acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.