

Case Number:	CM15-0107324		
Date Assigned:	06/11/2015	Date of Injury:	12/12/2010
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/03/2015

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 53-year-old female, who sustained an industrial injury on 12/12/10. She has reported initial complaints of right knee injury. The diagnoses have included lumbar sprain/strain, lumbar neuritis, internal derangement right and left knee, meniscus injury and knee joint replacement, diabetes and psychiatric disorder. Treatment to date has included medications, activity modifications, diagnostics, bracing, acupuncture, surgery and physical therapy. Currently, as per the physician progress note agreed medical examination dated 6/30/14, the injured worker complains of constant low back pain and tingling that radiates down the back of the right leg to the foot with numbness and tingling in the right foot. The symptoms increase with activity and she rates the symptoms 10/10 on pain scale. The physical exam of the back reveals pain on palpation to light pressure over the entire lumbar spine, sacrum, and right sacroiliac joint and right flank. There is decreased lumbar range of motion with flexion, extension and right lateral bend. There is pain on palpation to light pressure over the right lower extremity (RLE). The sensation to light touch is decreased over the entire right lower extremity (RLE). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 1/23/14 reveals posterior disc bulge. There is no previous sessions of acupuncture or physical therapy noted in the records. The physician requested treatment included Outpatient acupuncture to lumbar two (2) times a week for six (6) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture to lumbar two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The UR determination of 5/18/15 denied the request for additional Acupuncture to the patient's lumbar spine citing CAMTUS Acupuncture Treatment Guidelines. The patient's history of Acupuncture treatment was reported with records reflecting the need for additional documentation of functional improvement prior to consideration of additional care. The 4/15/15 request for additional Acupuncture was not accompanied by clinical evidence of functional improvement leading to denial of additional care. "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. The reviewed medical records failed to establish the medical necessity for additional Acupuncture or comply with CAMTUS Acupuncture Guidelines for consideration of additional Acupuncture application. The request is not medically necessary.