

Case Number:	CM15-0107994		
Date Assigned:	06/12/2015	Date of Injury:	10/30/2010
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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 28 year old male, who sustained an industrial injury on 10/30/2010. He reported pain in his back. Diagnoses have included lumbar spine sprain/strain with radicular components and cervical spine sprain/strain with radicular components. Treatment to date has included medication. According to the progress report dated 4/2/2015, the injured worker complained of intermittent, moderate low back pain with cramping behind both thighs and occasional numbness and tingling in the right leg. He also reported intermittent moderate neck pain with numbness and tingling in the right index and little finger. Exam of the cervical spine revealed restricted range of motion. Exam of the lumbar spine revealed tenderness to palpation about the paralumbar musculature. There were muscle spasms and restricted range of motion due to complaints of pain. Straight leg raise test was positive bilaterally. Patrick Fabere's test and Lasegue's test were positive. The injured worker could continue to work with restrictions. Authorization was requested for eight acupuncture treatments for the lumbar spine. The claimant has been approved for 16 acupuncture treatments since 1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture treatments: lumbar spine: 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 of unknown quantity and duration and with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.