

Case Number:	CM15-0108425		
Date Assigned:	06/15/2015	Date of Injury:	02/28/2013
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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 35-year-old, male who sustained a work related injury on 2/28/13. The diagnosis has included left shoulder impingement, lumbar disc displacement without myelopathy and lumbar left leg radiculopathy. Treatments have included physical therapy and ibuprofen as needed. In the PR-2 dated 4/28/15, the injured worker complains of low back pain. He has constant pain that radiates down left leg to heel of foot. He rates his pain a 5-6/10. He states he was walking down a flight of stairs and his legs became weak, causing him to fall. He did have some increased low back pain for a while but soon subsided. He has severe lumbar and gluteal spasms, left greater than right. He has decreased range of motion in lower back. He has positive Bragard's, Bowstring's and sciatic notch with left leg. The treatment plan includes a request for acupuncture sessions for left shoulder and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left shoulder and lumbar spine, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient has had acupuncture in the past. However, there was no documentation regarding functional improvement from prior acupuncture session. Therefore, the provider's request for 8 acupuncture sessions to the left shoulder and lumbar spine is not medically necessary at this time.