

Case Number:	CM15-0010978		
Date Assigned:	01/28/2015	Date of Injury:	05/20/1992
Decision Date:	04/07/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/20/2015

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 60-year-old female, who sustained an industrial injury on 5/20/1992. The diagnoses have included degenerative scoliosis, lumbar spine L3-4 and L4-5, thoracic radiculitis with small central herniation at T7-8, and status post right sacroiliac joint fusion (5/13/2013). Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of persistent thoracic pain, left collar bone pain, and pain radiating down her right leg. Lumbar range of motion was restricted due to pain. Radiographs of the lumbar spine were referenced as showing degenerative scoliosis at L3-4 and L4-5 and mild latency around the sacroiliac screws. Current medication regime was not noted. Prior acupuncture visits were referenced with a decrease in lumbar spasms. It is documented that the injured worker self-procured acupuncture visits with relief. Specific dates/results were not noted. Per a report dated 10/1/2015, the claimant had acupuncture for thoracic pain and sciatic complaints. On 12/29/2014, Utilization Review modified a request for acupuncture (2x6), lumbar, to 6 acupuncture sessions for lumbar spine, noting the lack of compliance with MTUS Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.11.

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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial of six sessions. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial.