

Case Number:	CM15-0019882		
Date Assigned:	02/09/2015	Date of Injury:	04/11/2013
Decision Date:	04/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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: Ohio

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 39 year old female, who sustained an industrial injury on 04/11/2013. On provider visit dated 12/17/2014 the injured worker has reported lumbar spine pain. On examination she was noted to have decreased range of motion and a negative sitting straight leg test, bilaterally. The diagnoses have included chronic lumbosacral musculoligamentous strain/sprain and major depressive disorder. Treatment has included physical therapy, MRI, and medications. On 01/26/2015 Utilization Review non-certified Acupuncture twice weekly, lumbar spine, QTY: 12 as not medically necessary. The CA MTUS Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice weekly, lumbar spine, QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture medical treatment guidelines recommend an initial trial of 3 to 6 treatments 1 to 3 times per week to produce functional improvement. The current request for 12 acupuncture treatments far exceeds this recommendation. There is no evidence in the file presented to substantiate the need to exceed guideline recommendations. Based on the acupuncture medical treatment guidelines and the treatment request exceeding guideline recommendations for an initial trial the request for 12 acupuncture treatments twice weekly to the lumbar spine is not medically necessary.