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| Case Number: | CM15-0130043 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 05/25/2011 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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

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 34 year old female who sustained an industrial injury on 5-25-11. Diagnoses are backache unspecified and Lumbago. In a progress report dated 5-27-15, the treating physician notes the injured worker has more pain which is rated at 7 out of 10. Range of motion is limited. There is right leg radiation, L5 nerve root impingement. An MRI done 3-12-15 reveals L3-L4 right paracentral focal bulge, 2-3 mm, of the annulus with transverse annular tear or surgical defect, is seen minimally indenting the ventral thecal sac without lateralizing nerve impingement or bony stenosis evident. This is slightly smaller than seen in the previous 2011 MRI, L4-L5 bulge of the annular remnant, 2-3 mm is present with transverse annular tear or surgical defect in the annulus resulting in lateralizing nerve root impingement or bony stenosis, smaller than seen on the prior study in 2011. Current medication is Dendracin ointment, Norco, and Ibuprofen. Work status is to return to modified work on 5-27-15. The requested treatment is acupuncture to the lower back, two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lower back, two (2) times a week for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The medical necessity for the requested 8 acupuncture treatments for the lumbar spine was not established. The requested 8 treatments exceed medical treatment utilization schedule guidelines. Upon peer review, the request was modified to certify 6 treatments consistent with MTUS guidelines. California acupuncture medical treatment guidelines indicate that an initial trial of 3-6 treatments can be considered appropriate. With evidence of functional improvement, the need for additional acupuncture can be considered. The recommended 6 treatments were consistent with this guideline. The provider failed to report any clinical findings that would suggest the claimant is an outlier to the medical treatment utilization schedule guidelines. Therefore, the requested 8 acupuncture treatments are not medically necessary.