

Case Number:	CM15-0132616		
Date Assigned:	07/20/2015	Date of Injury:	07/15/2014
Decision Date:	08/24/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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 47 year old female, who sustained an industrial injury on July 15, 2014. She reported injury to her low back and right shoulder. The injured worker was diagnosed as having sprain lumbar region. Treatment to date has included diagnostic studies, chiropractic treatment, physical therapy and medications. On June 4, 2015, the injured worker complained of low back pain rated as a 7 on a 1-10 pain scale and increasing right shoulder pain rated as a 6/10. Notes stated that his medication facilitates maintenance of activities of daily living. The treatment plan included acupuncture for the lumbar spine at two times per week for six weeks and the option of epidural injection to the lumbar spine. On June 26, 2015, Utilization Review modified a request for outpatient acupuncture two times a week for six weeks to the lumbar spine to outpatient acupuncture six sessions to the lumbar spine, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture two (2) times a week for six (6) weeks to the 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: The Acupuncture Medical Treatment Guideline recommends an initial trial of 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. The patient complained of low back pain with increasing right shoulder pain. Based on the submitted documents, it is best to evaluate the request as an initial trial for which the guideline recommends 3-6 visits. The provider's request for 12 acupuncture session for the lumbar spine exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary and appropriate at this time. What is appropriate is 3 to 6 acupuncture session.