

Case Number:	CM15-0134506		
Date Assigned:	07/22/2015	Date of Injury:	10/15/2007
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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 63 year old male, who sustained an industrial injury on 10-15-2007, secondary to working on removing a fence resulting in neck and back pain. On provider visit dated 06-26-2015 the injured worker has reported bilateral lumbar spine pain radiating down the left lower extremity in the hip and knee. On examination of the tenderness over the cervical paraspinal muscles areas, positive facet joint maneuver. Positive straight leg raise on the left and limited cervical range of motion was noted. Tenderness over the lumbar paraspinal muscles and a limited range of motion was noted as well. Tenderness over the bilateral hips and limited hip range of motion was noted as well. Decreased sensation at L5 and S1 dermatome on the right and decreased reflexes the right knee and ankles were noted. The diagnoses have included cervicalgia, lower back pain, limb pain, knee pain, numbness and status post three knee surgeries. Treatment to date has included acupuncture and home exercise program. The injured worker was noted to be working with restrictions. The provider requested Additional Acupuncture for the Neck and Low Back QTY: 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture for the Neck and Low Back QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement Page(s): 8-9.

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 with improvement. However, he recently had two acupuncture sessions approved. However, the provider fails to document objective functional improvement associated with the most recent authorized acupuncture treatment. Therefore further acupuncture is not medically necessary.