

Case Number:	CM15-0137049		
Date Assigned:	07/27/2015	Date of Injury:	11/03/2014
Decision Date:	08/27/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/15/2015

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:

This 57 year old female sustained an industrial injury on 11/03/14. She subsequently reported back and knee pain. Diagnoses include lumbosacral sprain and strain. Treatments to date include x-ray testing, shoulder surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with pain and burning sensations extending along the posterior legs. Upon examination, tenderness to palpation was noted in the thoracolumbar junction and the left sacro-iliac joint. Deep tendon reflexes are decreased in the left Achilles and decreased dermatome L5/S1 and in the left lower leg. Kemp's test and straight leg raising tests were positive bilaterally. A request for Acupuncture 2xWk x 4Wks Lumbar Spine, QTY: 8 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 4Wks Lumbar Spine, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient continues to experience low back pain and burning sensation extending along the posterior legs. Per the report dated 3/11/2015, treatments tried in the past included acupuncture and physical therapy. The patient reported that prior treatments have not helped much. According to the UR notes the patient completed 22 acupuncture sessions. There was no documentation of functional improvement with acupuncture. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of functional improvement, the provider's request for 8 acupuncture session to the lumbar spine is not medically necessary and appropriate at this time.