

Case Number:	CM15-0138412		
Date Assigned:	07/28/2015	Date of Injury:	02/16/2011
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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 65 year old female, who sustained an industrial injury on 02-16-2011. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06-29-2015 the injured worker has reported low back and right leg pain. On examination of the lumbar spine revealed positive myospasm with tenderness to touch, decreased and painful range of motion. Antalgic gait was noted and the injured worker ambulated with a single point cane. The diagnoses have included sprain-strain lumbosacral, postlaminectomy syndrome lumbar and lumbar radiculopathy. Treatment to date has included acupuncture and medication. The provider requested low back acupuncture, twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low Back Acupuncture, twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per medical notes dated 05/29/15, patient has had 28 prior acupuncture treatment. Provider requested additional 2X3 acupuncture sessions which were non-certified by the utilization review. Medical records discuss improved activity tolerance and range of motion; however, not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. No additional acupuncture care exceeding the guidelines is supported for medical necessity due to lack of extraordinary circumstances documented. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.