

Case Number:	CM15-0138974		
Date Assigned:	07/28/2015	Date of Injury:	02/19/2014
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/19/2015

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 2/19/14. She has reported initial complaints of severe low back pain with radiation to the lower extremities. The diagnoses have included lumbosacral sprain superimposed upon osteoarthritis, cervical sprain, bilateral wrist sprain with osteoarthritis and bilateral knee contusion. Treatment to date has included medications, activity modifications, diagnostics, other modalities, physical therapy and home exercise program (HEP). As per the physician neurological medical legal consultation progress note dated 12/11/14, the injured worker complains of stress headaches, light-headedness, neck and low back pain and anxiety and depression. It is noted in the record that the injured worker had complained of intermittent low back pain that was aggravated by movement. There was pain that radiated to the bilateral extremities. The exam was noted to reveal cervical and lumbar tenderness and pain was reported with lumbar flexion. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The report was not noted in the records. There was no previous physical therapy or acupuncture sessions noted. The physician requested treatment included Additional acupuncture x6 to the lumbar spine. Per a PR-2 dated 6/11/15, the claimant was able to sit 20-30 min after acupuncture and only 5 min before.

IMR ISSUES, DECISIONS AND RATIONALES

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

Add acupuncture x6 to the lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 functional improvement of being able to sit longer. Therefore, further acupuncture is medically necessary.