

Case Number:	CM15-0144437		
Date Assigned:	08/05/2015	Date of Injury:	01/30/2014
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male with an industrial injury dated 01-30-2014. The injured worker's diagnoses include lumbar spine disc protrusion with bilateral leg radiculopathy. Treatment consisted of prescribed medications, chiropractic treatment, acupuncture therapy, physical therapy, home exercise therapy and periodic follow up visits. In a progress note dated 04-07-2015, the injured worker reported low back pain rated 8 out of 10 with associated numbness in bilateral legs and burning sensation in the lumbar spine. Objective findings revealed tenderness over paraspinal aspect and pain with end range of motion. The treating physician prescribed services for acupuncture therapy for the lumbar spine two times three, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for the lumbar spine two times three: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for neck and upper back and bilateral shoulder, upper arm, forearm, wrists, elbow, and hand pain. When seen, pain was rated at 8-9/10. Treatments have included medications and physical therapy. When seen, there was left wrist tenderness and positive right Tinel's and Phalen's testing. There was normal wrist range of motion. Being requested is authorization for six acupuncture treatments. In March 2015 an assessment references completion of chiropractic and acupuncture treatments and the claimant as unhappy with the current facility after attending a single session. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is consistent with the guideline recommendation. The claimant has already had physical therapy and acupuncture as an adjunct to a home exercise program would be expected. The requested acupuncture treatments are medically necessary.