

Case Number:	CM15-0144459		
Date Assigned:	08/05/2015	Date of Injury:	10/16/2013
Decision Date:	09/29/2015	UR Denial Date:	06/30/2015
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: 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 40 year old male, who sustained an industrial injury on 10-16-13. He has reported initial complaints of a back injury. The diagnoses have included lumbar spine sprain disc protrusion-theal sac stenosis-foraminal narrowing and root nerve compromise and left foot strain. Treatment to date has included medications, activity modifications, diagnostics, Functional Capacity Evaluation (FCE), physical therapy and other modalities. Currently, as per the physician progress note dated 4-20-15, the injured worker complains of continued back pain. The current medications included Menthoderm gel and Gabapentin. The objective findings-physical exam the physician notes that his assessment is lumbar strain with abnormal Magnetic Resonance Imaging (MRI). The Magnetic Resonance Imaging (MRI) report was not noted in the records. The physician comprehensive evaluation dated 1-21-15, the lumbar exam reveals tenderness, my spasms, decreased lumbar range of motion, positive straight leg raise on the left, positive Milgram's test and positive Braggard's test on the left. There is also reduced sensation in the left lower extremity (LLE). The physician requested treatment included Acupuncture, Lumbar Spine, and 8 sessions (2 times weekly for 4 weeks). Per a report dated 2/2/2015, the claimant has had 36 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Lumbar Spine, 8 sessions (2 times wkly for 4 wks): Upheld

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

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 extensive acupuncture with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.