MAXIMUS Federal Services

Case Number:	CM15-0144764		
Date Assigned:	08/05/2015	Date of Injury:	11/22/1994
Decision Date:	09/08/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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 58 year old male, who sustained an industrial injury on 11-22-1994. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic lumbar back pain and chronic right leg radicular symptoms and occasional left leg symptoms, currently flared up. Treatment to date has included diagnostics, acupuncture, and medications. Currently, the injured worker complains of lower leg pain with radiation down his right buttock and right leg. Objective findings included decreased range of motion and lower thoracic and lumbar tenderness and spasm. He was prescribed Norco, noting pain relief and improved functioning with use. A Pain Disability Index questionnaire was completed on this date. Work status remained modified with restrictions. Acupuncture notes were submitted from to 2-26- 2015 to 4-10-2015. The treatment plan included additional acupuncture x24 sessions. The progress report (1-20-2015) referenced prior acupuncture treatments with excellent relief (unspecified). The total number of sessions completed to date could not be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 24 acupuncture sessions which were non-certified by the utilization review. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines. 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, 24 acupuncture treatments are not medically necessary.