

Case Number:	CM15-0144996		
Date Assigned:	08/05/2015	Date of Injury:	09/10/2014
Decision Date:	09/09/2015	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 46 year old female, who sustained an industrial injury on 9-10-2014, resulting from cumulative trauma. The injured worker was diagnosed as having lumbosacral sprain-strain, lumbar discogenic disease, loss of sleep, and psych component. Treatment to date has included diagnostics, physical therapy, chiropractic, functional capacity evaluation, and medications. Currently, the injured worker complains of neck pain and stiffness radiating to the bilateral upper extremities, with weakness, numbness and tingling. She also reported low back pain radiating to the bilateral lower extremities, with numbness, tingling and weakness. Pain was not rated. Current medication regimen was not noted but included Omeprazole, Naproxen, Methoderm, Cyclobenzaprine, and Ibuprofen (per laboratory report 6-09-2015). The treatment plan included acupuncture, 3x6, to the lumbar spine. Prior treatment with acupuncture was not referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. There was no evidence that the patient received acupuncture therapy in the past. Based on the submitted document, it is best to evaluate the provider's request as an initial trial for which the guideline recommend 3-6 visits. The provider's request for 18-acupuncture session for the lumbar spine exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary at this time. Six acupuncture sessions would be appropriate for the patient to establish functional improvement. Additional acupuncture may be necessary with documentation of functional improvement.