

Case Number:	CM15-0146604		
Date Assigned:	08/07/2015	Date of Injury:	10/17/2013
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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 48 year old male who sustained an industrial/work injury on 10-17-13. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbago Treatment to date includes medication and diagnostics. Currently, the injured worker complained of intermittent lower back pain that is improving but having difficulty sleeping. Per the primary physician's report (PR-2) on 6-25-15, exam notes tenderness to palpation of the paravertebral muscles and spasm on the right, flexion and extension are guarded and restricted. Pain is referred to being hardware related pain. Sensation and strength is normal. The requested treatments include 8 additional acupuncture sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional acupuncture sessions 2 times a week for 4 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 guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of intermittent lower back pain. Records indicate that the patient was authorized 24 acupuncture sessions since 2/2015. There was no reported outcome from authorized acupuncture sessions. Based on the lack of functional improvement from the authorized acupuncture session, the provider's request for 8 additional acupuncture sessions for the lumbar spine is not medically necessary at this time.