

Case Number:	CM15-0146736		
Date Assigned:	08/07/2015	Date of Injury:	03/30/1994
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
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 53 year old female who sustained an industrial injury on 03-30-94. Initial complaints and diagnoses are not available. Treatments to date include medications and acupuncture. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include lumbago and lumbosacral neuritis. In a progress note dated 06-18-15 the treating provider reports the plan of care as Zolof, chiropractic care, and acupuncture. The requested treatment includes acupuncture to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture visits for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient was attending acupuncture therapy. There was no evidence of functional improvement from prior acupuncture care. Therefore, the provider's request for 6 acupuncture session for the lumbar spine is not medically necessary at this time.

