

Case Number:	CM15-0147479		
Date Assigned:	08/10/2015	Date of Injury:	03/05/1999
Decision Date:	09/25/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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 55 year old female, who sustained an industrial injury on 3-05-1999. Diagnoses include lumbago, degeneration of lumbar or lumbosacral intervertebral disc, lumbar radiculopathy, chronic low back pain, pain in the thoracic spine and spasm of muscle. Treatment to date has included conservative care including medications, activity modification and rest. Current medications include Lidoderm patch, tramadol, and Pennsaid. Per the Primary Treating Physician's Progress Report dated 7-16-2015, the injured worker reported a bit of trouble sleeping after weaning off Soma but overall she is glad she is off this medication. She reports her pain level as 3 out of 10 without medications and 1 out of 10 with medications. Physical examination revealed mild tenderness and tightness to movement at the lumbosacral area. Ranges of motion are restricted with flexion of 10%, extension 10%, and lateral bending 30%. The plan of care included acupuncture and authorization was requested for 6 sessions of acupuncture for 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 for the lumbar spine (lower back), 6 sessions, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 7/27/15 UR determination letter denied the treatment request for 6 Acupuncture sessions for management of the lower back citing CAMTUS Acupuncture Treatment Guidelines. The reviewed medical records failed to address the patient's prior medical history of treatment to include any prior Acupuncture care and if received, evidence of functional improvement to support a request for additional care; no supplemental report was reviewed addressing this need for additional information. The medical necessity for Acupuncture care, 6 sessions to the lumbar spine, was not supported by the reviewed medical report/s or the referenced CAMTUS Acupuncture Treatment Guidelines.