

Case Number:	CM15-0147797		
Date Assigned:	08/10/2015	Date of Injury:	07/02/2009
Decision Date:	09/10/2015	UR Denial Date:	07/24/2015
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: 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 50-year-old male who sustained an industrial injury on July 02, 2009. The accident was described as having had fallen from scaffolding as it collapsed. On October 25, 2014, he underwent a magnetic resonance imaging study of the lumbar spine without load bearing that revealed: L5-S1 focal central disc protrusion effacing the thecal sac with spinal canal stenosis; disc desiccation and dehydration and L5-S1; minimal spondylosis from L1-2 to L5-S-1, and no other abnormalities. A follow up dated January 20, 2015 reported subjective complaint of increased right leg pain with numbness and tingling that increases as the day goes on. The recommendation is to undergo a magnetic resonance imaging study of the lumbar spine. He states the medications are not helping that much with the pain. He currently complains of low back pain and right hip pain into the buttock region. The following diagnoses were applied: lumbago; sacroilitis; and aseptic necrosis of head and neck of femur. There is recommendation for chiropractor therapy treating low back and legs and a physical therapy session treating the same. A follow up dated June 25, 2015 reported lumbago and still symptomatic with right hip pain. Medications consisted of Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 9 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.