

Case Number:	CM15-0148074		
Date Assigned:	08/11/2015	Date of Injury:	04/16/2012
Decision Date:	09/23/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/30/2015

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 51 year old female who sustained an industrial injury on 4-16-2012. She injured herself trying to reposition a patient. She has reported lower back ache and has been diagnosed with lumbar radiculopathy, spinal-lumbar degenerative disc disease, sacroiliitis, and sacroiliac pain. Treatment has included medications, injection, medical imaging, acupuncture, and modified work duty. Range of motion of the lumbar spine was restricted with flexion limited to 70 degrees limited by pain, extension limited to 20 degrees limited by pain, right lateral bending limited to 28 degrees limited to pain, and left lateral bending limited to 22 degrees limited to pain. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point was noted on both the sides. Lumbar facet loading was positive on both sides. Straight leg raising test was negative. There was tenderness over the sacroiliac spine. The treatment plan included injections, TENS, consult, and 6 sessions of acupuncture. The treatment request included 6 sessions of acupuncture treatment. Per a PR-2 dated 7/1/2015, the claimant has had 4 acupuncture visits with 30% reduction of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. A Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.