

Case Number:	CM15-0148137		
Date Assigned:	08/11/2015	Date of Injury:	11/15/2013
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
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 32-year-old male who sustained an industrial injury on 11-15-13. The injured worker reported "cumulative trauma" to his lower back and both legs due to his job duties between 11-15-12 and 11-15-13. He reported that on 11-15-13 while carrying a heavy load of objects, he experienced a sharp pain in his back. He reported the event to his supervisor and was sent home. Eventually, he was sent to a medical provider. He received physical therapy, which provided no relief of pain. He was instructed on home exercise and given a TENS unit. He reported that the TENS unit gave him "excellent" pain relief. He reported continued pain with radiation to both legs and weakness. He underwent an MRI in November 2014. He has diagnoses of Lumbar Spondylosis and Lumbago. In May 2015, the injured worker continued to complain of pain in the lower back and both legs with numbness and weakness in both legs. He reported the pain is constant and rates the pain "8 out of 10". He described the pain as "cramping with muscle pain". Medications included Norco. The treatment plan included continuation of conservative pain management, as well as requesting authorization to perform "a diagnostic differential of the bilateral L4 and L5 median branch nerve blocks, given clinical exam and MRI findings consistent with lumbar facet arthropathy". On 6-12-15, the injured worker was seen by orthopedics for evaluation. There were no changes in his pain at that time. The treatment plan was for physical therapy and acupuncture. He underwent Bilateral L4, L5 Medial Branch Nerve Blocks, Fluoroscopy on 6-30-15. Six visits of acupuncture were approved on 7/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 9 sessions, lumbar spine Qty: 9.00: 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. 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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 9 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.