

Case Number:	CM15-0148305		
Date Assigned:	08/11/2015	Date of Injury:	07/12/2002
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
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 61 year old male, who sustained an industrial injury on 7-12-02. The diagnoses have included lumbar disc herniation, leg pain, and chronic lumbar back pain, late effect of cervical surgery in 2010 and 2011, chronic bilateral upper extremity radiculopathy, and bipolar disorder. Treatment to date has included medications, activity modifications surgery, physical therapy, and other modalities. Currently, as per the physician progress note dated 6-23-15, the injured worker complains of continued low back and hip pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The diagnostic report is not noted in the records. The current medications included Norco. The objective findings reveal that anteflexion of the trunk on the pelvis allows for 45 degrees of flexion, extension is 5 degrees, rotation to the left is 10 degrees, to the right is 10 degrees, lateral flexion to the left is 10 degrees, and to the right is 10 degrees. There is some paralumbar tenderness and slight spasm is present. The physician requested treatment included twelve acupuncture visits twice monthly for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve acupuncture visits, twice monthly for six months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.