

Case Number:	CM15-0149883		
Date Assigned:	08/13/2015	Date of Injury:	01/26/2015
Decision Date:	09/23/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	08/03/2015

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 (IW) is a 44 year old male who sustained an industrial injury on 01-26-2015. He reported back pain as a result of a motor vehicle accident. The injured worker was diagnosed as having: Thoracic sprain and strain, Lumbar radiculopathy, Lumbar sprain and strain. Treatment to date has included MRI of the thoracic and lumbar spine, and acupuncture treatments 1 to two times weekly from 03-19-2015 through 06-23-2015. Currently, the injured worker complains of intermittent moderate upper and mid back pain and stiffness rated a 5 on a scale of 0-10 and associated with repetitive movement and prolonged sitting. Objectively, there is tenderness to palpation of the thoracic paravertebral muscles with spasm. He also has reduced lumbar range of motion in all planes. A request for authorization was submitted for Acupuncture 1 time a week for 6 weeks for the thoracic and lumbar spine. Per a prior review, the claimant has had 11 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 6 weeks for the thoracic and lumbar spine: 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 with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.