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| Case Number: | CM15-0164265 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 07/22/2003 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 08/03/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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 59 year old female who sustained an industrial injury on July 22, 2003. A primary treating office visit dated April 24, 2015 reported objective assessment with note of restricted range of motion, flexion to 40 degrees, and extension at 15 degrees and there is tenderness and increased muscle tone bilateral to the lumbar spine from L1-L5. A straight leg raise is unequivocal bilaterally revealed tight hamstrings. The following diagnoses were applied: chronic back pain; lumbar disc disease; multi-level foraminal narrowing and borderline central canal stenosis. She has subjective complaint of back pain that radiates down the left leg. She states currently using Norco and amitriptyline which helps her to a moderate degree and enables her to perform activities of daily living. She reports acupuncture being extremely helpful and noted recent completion of course with noted decreased pain and increased ability to perform physical duty. At primary follow up dated Jul 23, 2015 the plan of care noted recommending additional acupuncture care for flare up. There are noted subjective complaints of increased pain at the left sacroiliac joint area without radiation but feels her legs being "shaky" and "jerky".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week x 6 weeks, Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The utilization review document of August 3, 2015 denied the treatment request for 12 acupuncture visits to manage the patient's lumbar spine citing CA MTUS acupuncture treatment guidelines. The patient's reviewed medical records identified a prior course of acupuncture treatment with no subsequent documentation that the care provided resulted in functional improvement as required by the prerequisites for care per the CA MTUS acupuncture treatment guidelines. The medical necessity for additional acupuncture care, 12 visits to the lumbar spine was not supported by the reviewed documentation nor supported by the prerequisites for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. Therefore the request is not medically necessary.