

Case Number:	CM15-0164644		
Date Assigned:	09/02/2015	Date of Injury:	04/01/2013
Decision Date:	10/16/2015	UR Denial Date:	07/24/2015
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 43 year old male, who sustained an industrial injury on April 1, 2013. Documentation on March 4, 2015 revealed the injured worker felt much better with acupuncture, was exercising on his own and had no leg symptoms. An evaluation on June 17, 2015 revealed the injured worker had continued pain radiating down his right leg. He reported that an epidural steroid injection provided in January of 2015 provided about three weeks of "good relief" with a slow recurrence of symptoms. The injured worker had a positive right straight leg raise and had difficulty with heel walking. He reported a return of motor weakness in the left quadriceps, hamstring and ankle dorsiflexors. The injured worker completed eight acupuncture treatments and reported that this "gave him good relief" of the low back pain and the lower extremity radicular pain. He reported a recurrence of pain after the acupuncture was stopped. On July 8, 2015 the injured worker reported low back pain and at times leg pain. He reported exercising, care with activities and has been performing regular work duties. On physical examination the injured worker had a normal gait, tenderness to palpation of the lumbar spine, a negative straight leg raise and "satisfactory" range of motion of the lumbar spine. The injured worker was diagnosed as having lumbar disc disease with radiculopathy. Treatment to date has included NSAIDS, opioid medications, acupuncture therapy, and epidural steroid injection. A request for ten sessions of acupuncture was received on July 17, 2015 The Utilization Review physician determined on July 24, 2015 that the request for ten sessions of acupuncture therapy was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 5 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 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.