

Case Number:	CM15-0164763		
Date Assigned:	09/02/2015	Date of Injury:	07/26/2004
Decision Date:	10/06/2015	UR Denial Date:	08/19/2015
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:

This injured worker is a 63-year-old female, who reported an industrial injury on 7-26-2004. Her diagnoses, and or impression, were noted to include stable lumbar spine sprain-strain; stable lumbar radiculopathy; lumbosacral radiculitis; lumbago; and chronic pain syndrome. No current imaging studies were noted. Her treatments were noted to include physical therapy. The progress notes of 3-30-2015 reported a follow-up visit for neck and back pain that radiated to the bilateral lower extremities; and that her current medications help her pain and symptoms significantly. Objective findings were noted to include ambulation with use of a seated walker; decreased painful range-of-motion her lumbar spine; and that she ran out of Neurontin resulting in worsened nerve pain. The physician's requests for treatments were noted to include Acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to lumbar spine Qty: 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines recommend acupuncture for chronic pain. It states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient has had acupuncture in the past. Per the progress report dated 5/4/2015, the provider reported that the patient is improving with treatments. The patient was able to start doing light exercises, which she was unable to do prior to acupuncture. There was improvement in the patient's range of motion. In the cervical spine, there was a 2 degrees increase in right lateral bend, 10 degrees in left rotation, and 18 degrees in right rotation. In the lumbar spine, it was reported that the patient had 3 degrees in left lateral bend and 10 degrees in right lateral bend. The patient had slight increase in the range of motion in the spine and was reported to be able to do light exercises. Based on the documentation of functional improvement gained from prior acupuncture session, it appears that the patient a candidate for continued acupuncture treatments. Therefore, the provider's request for 6 additional acupuncture sessions for the lumbar spine is medically necessary at this time.