

Case Number:	CM15-0165135		
Date Assigned:	09/02/2015	Date of Injury:	01/05/2015
Decision Date:	10/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 33 year old female, who sustained an industrial injury on 1-5-15. She has reported initial complaints of falling back onto a pallet after grabbing for boxes from a pallet and losing her balance. The diagnoses have included low back pain, left sacroiliac sprain and left lower extremity (LLE) pain. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, ice, and home exercise program (HEP). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 2-4-15 that reveals no evidence of stenosis. Currently, as per the physician progress note dated 7-24-15, the injured worker complains of lumbar pain that radiates into the lower back, hip and leg. The symptoms are worse after activity and at night and improved with use of ice. The previous physical therapy sessions were noted. The current medications included Advil and Motrin. The objective findings-physical exam reveals that on the left sacroiliac joint, she is locally tender and there is a positive Faber test. Work status is modified with restrictions. The physician notes that she has responded to acupuncture in the past. The physician requested treatment included Outpatient Acupuncture to sacroiliac joint 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture to sacroiliac joint 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per provider's report dated 07-24-15: "as physical therapy was denied and the patient responded to acupuncture in the past, acupuncture x 6 is requested." The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." An unknown number of prior acupuncture sessions were rendered in the past without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of the additional acupuncture requested. Therefore, without indicating the amount of sessions already completed and the specific functional improvement obtained with such care, the additional acupuncture requested is not supported for medical necessity.