MAXIMUS Federal Services

Case Number:	CM15-0165738		
Date Assigned:	09/03/2015	Date of Injury:	11/22/1980
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
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: 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 69 year old male, who sustained an industrial injury on November 22, 1980. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar strain and trigger points to the lumbar spine. Treatment and diagnostic studies to date has included physical therapy, medication regimen, trigger point injections, status post laminectomy at lumbar four to five, and acupuncture of an unknown quantity. In a progress note dated July 16, 2015 the treating physician reports complaints of aching, sharp, dull, burning pain to the lumbar spine that radiates to the legs. Examination reveals tenderness to the lumbar paraspinal muscles, six trigger points to the lumbar spine, and decreased range of motion to the lumbar spine with pain. The injured worker's pain level was rated a 4 to 5 out of 10. The treating physician noted that the injured worker had limited ability to perform activities of daily living secondary to his injury. The progress note indicated that prior acupuncture along with rest and medications assisted with alleviating the injured worker's pain, but the documentation provided did not indicate if the injured worker experienced any functional improvement with prior acupuncture. The treating physician requested nine sessions of acupuncture at three times a week for three weeks, but the documentation did not indicate the specific reason for the requested treatment. Six visits were certified on 8/12/15. Per a report dated 7/16.15, the claimant has sharp dull aching pain and burning pain in the lumbar spine that is unchanged. Rest, acupuncture and medications help the pain. The claimant is requesting medication refills and reports limitations to squat, kneel, lift, pull, push, drive and walk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 3 times a week for 3 weeks Qty: 9.00: 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 visits with some improvement. Six further visits were approved on 8/12/15. However, the provider fails to document objective functional improvement associated with the completion of the six additional certified acupuncture visits. If the visits were never completed, the provider must document that the claimant did not have further visits. Therefore further acupuncture is not medically necessary as requested at this time.