

Case Number:	CM15-0166049		
Date Assigned:	09/03/2015	Date of Injury:	11/19/2014
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
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:

This 41 year old male sustained an industrial injury on 11-19-14. He subsequently reported back pain. Diagnoses include lumbar strain and sprain. The injured worker has continued complaints of cervical and lumbar spine pain, the low back pain radiates to the left leg with numbness and tingling. Upon examination, there was tenderness to palpation in the lumbar spine and SI joints. Lumbar range of motion was reduced. Straight leg raise testing was positive. A request for Acupuncture for the lumbar spine, twice a week for four weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, twice a week for four weeks: 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 July 30, 2015 denied the treatment request for eight acupuncture visits to manage the patient's residual lumbar spine complaints

citing CA MTUS acupuncture treatment guidelines. The reviewed medical records documented prior treatment to include 8 to 10 physical therapy visits and three acupuncture sessions both addressed as slightly hopeful. A total of eight certified acupuncture visits were noted. The medical reports submitted were insufficient to determine medical necessity given the absence of measurable functional improvement. The medical necessity for additional acupuncture care, eight sessions was not supported by the reviewed medical records documenting functional improvement or the criteria for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. The request is not medically necessary.