

Case Number:	CM15-0166114		
Date Assigned:	09/03/2015	Date of Injury:	01/21/2014
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
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 is a 43-year-old female who sustained an industrial injury on 01-21-2014. Diagnoses include disc extrusion at L4-5 with right L4 nerve root impingement; and chronic low back pain with persistent right lower extremity symptoms. Treatment to date has included medication, epidural steroid injection, acupuncture, physical therapy, activity modification and home exercise stretching program. According to the progress notes dated 6-24-2015, the IW (injured worker) reported low back pain with radiation of pain into the right lower extremity with discomfort mainly over the right lateral thigh. She complained of occasional numbness. Sitting aggravated the pain; prolonged driving increased the pain in her low back and leg. On examination, she ambulated with a normal gait. Heel-toe walking was normal. Lumbar range of motion was full and not associated with pain. There was tenderness to palpation over the right piriformis muscle, straight leg raise was negative at 90 degrees bilaterally and fabere's test was positive on the right. Neurological exam of the lower extremities was normal. A request was made for acupuncture twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The August 18, 2015 utilization review document denied the treatment request for six additional acupuncture visits to manage residual discomfort in the patient's lumbar spine citing CA MTUS treatment guidelines. The reviewed records identified a lumbar spine disc herniation with sciatica that was previously managed with chiropractic care and acupuncture. The reviewed records failed to identify evidence of functional improvement as defined by the CA MTUS treatment guidelines leaving the request for additional treatment denied. The medical necessity for additional chiropractic care, six visits was not supported by the reviewed documents or in compliance with CA MTUS acupuncture treatment guidelines. The request is not medically necessary.