

Case Number:	CM15-0166714		
Date Assigned:	09/04/2015	Date of Injury:	12/01/2012
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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 64 year old female, who sustained an industrial injury on 12-1-2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic pain syndrome, lumbago, lumbosacral neuritis, plantar fibromatosis, and osteoarthritis. Treatments to date include medication and acupuncture. Currently, she reported 60% improvement with twelve acupuncture treatment sessions. Current medications listed included Soma and Norco. Pain was rated 3-4 out of 10 VAS with medication. On 7-21-15, the physical examination documented lumbar tenderness and decreased range of motion. The straight leg raise was positive. The plan of care included a request for additional acupuncture with electrical stimulation, once a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional acupuncture to lumbar 1 time a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient has had acupuncture treatment in the past. Aside from the subjective documentation of functional improvement in terms of decrease pain, there was no objective quantifiable documentation regarding functional improvement from prior acupuncture sessions. Additional acupuncture is not demonstrated to be medically necessary at this time. Therefore, the provider's request for 6 additional acupuncture sessions for the lumbar spine is not medically necessary.