

Case Number:	CM15-0167284		
Date Assigned:	09/04/2015	Date of Injury:	08/04/2013
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
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, Montana

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 63 year old male with an industrial injury date 08-04-2013. His diagnoses included discogenic spine sprain and strain, lumbar spine sprain and strain and depression. Prior treatment included acupuncture, physical therapy and medications. He presented on 08-11-2015 with complaints of lower back pain rated as 8 out of 10. Acupuncture and physical therapy were helping. Physical exam noted tenderness to lumbar spine with decreased range of motion. The treatment request is for 12 additional acupuncture sessions 2 times weekly for 6 weeks to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional acupuncture sessions 2 times weekly for 6 weeks to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatments. Provider requested additional 2X6 acupuncture visits to the lumbar spine which were non-certified by the utilization review.

Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 12 acupuncture treatments to the lumbar spine is not medically necessary.