

Case Number:	CM15-0168375		
Date Assigned:	09/09/2015	Date of Injury:	07/10/2009
Decision Date:	10/14/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/26/2015

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 52 year old male, who sustained an industrial injury on June 10, 2009. Several documents are included in the submitted medical records are difficult to decipher. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having sprain lumbar region, lumbar disc disease, and postlaminectomy syndrome, lumbar spine. Medical records (January 16, 2015 to July 17, 2015) indicate: ongoing low back pain, rated 7-8 out of 10. There was no significant improvement. Records also indicate the injured worker had pain that radiated down his legs with burning and numbness on January 16, 2015. Per the treating physician (July 17, 2015 report), the injured worker's work status is permanent and stationary under future care. The physical exam (January 19, 2015 to July 17, 2015) reveals motor strength of 5 out of 5, decreased sensation in the bilateral L5 (lumbar 5) dermatome, absent patellar tendon reflexes, and (January 19, 2015 to April 24, 2015) a positive straight leg raise at 40 degrees of the bilateral lower extremities. Treatment has included a non-steroidal anti-inflammatory injection, acupuncture, and pain medications. On (July 17, 2015), the requested treatments included 6 sessions of acupuncture with evaluation and treatment. On July 27, 2015, the original utilization review non-certified a request for 6 sessions of acupuncture with evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, evaluation/ treatment, 6 sessions: 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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.