

Case Number:	CM15-0169870		
Date Assigned:	09/14/2015	Date of Injury:	03/20/2015
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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 50 year old female, who sustained an industrial injury on 3-20-2015. The injured worker was diagnosed as having lumbosacral neuritis, low back sprain with radiculopathy, lumbar strain, and lumbar small disc protrusion. The request for authorization is for: acupuncture x 12 visits for the low back. The UR dated 8-17-2015: modified certification of acupuncture x3 visits for the low back. Several pages of the medical records have handwritten information which is difficult to decipher. On 6-11-2015, she reported being able to walk for one hour without pain, however was still having leg tingling above the knee after standing. Physical finding revealed spasms and negative straight leg raise testing. On 6-25-2015, she reported persistent leg pain with associated tingling. She is currently attending physical therapy. Objective findings noted are tenderness, spasms and negative straight leg raise test. Her work status is reported to be modified. On 7-9-2015, she reported leg pain with tightness in the back. She denied radiating pain down the legs. Physical findings revealed are tightness in the lumbar region, no spasms, and a normal range of motion. On 7-29-2015, she reported low back pain with radiation to the left thigh and calf. Physical examination revealed a normal gait, lumbar spine range of motion is "moderately diminished", and tenderness is noted in the low back. The treatment and diagnostic testing to date has included: several physical therapy sessions, medications, and home exercise program, magnetic resonance imaging of the low back (7-8-2015), x-rays of the low back (7-29-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 visits for the Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of 8/14/15 denied the treatment request for acupuncture, 12 visits to the patient's lower back citing CA MTUS treatment guidelines. The request for 12 visits exceeded the treatment guidelines that recommend three to six initial acupuncture visits as a trial with clinical evidence of functional improvement submitted at the time additional treatment if requested. The medical necessity for initiation of a trial of acupuncture was consistent with reviewed medical records and the criteria for an initial trial of care per CA MTUS guidelines. The request is not medically necessary.