

Case Number:	CM15-0182481		
Date Assigned:	09/23/2015	Date of Injury:	11/20/2008
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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 46 year old male, who sustained an industrial injury on November 20, 2008. Medical records indicate that the injured worker is undergoing treatment for low back pain, lumbosacral discogenic back pain with facet syndrome and right lower extremity radiculopathy. The injured worker was noted to be working. On 7-1-2015, the injured worker complained of low back pain with radiation to the right lower extremity, with associated numbness of the instep and great toe. Examination of the lumbar spine revealed tenderness to palpation on the right side rated 7 out of 10 and 5 out of 10 on the left side. Range of motion was decreased. A straight leg raise test was positive on the right. Treatment and evaluation to date has included medications and acupuncture treatments with massage therapy and electrical stimulation (completed 4 of 12). The acupuncture treatments (7-8-15 through 7-19-15) were noted to decrease the injured workers pain and numbness for at least 1-2 days. Current medication includes Motrin. The request for authorization dated 8-10-2015 included a request for additional acupuncture treatments two times a week for six weeks # 12. The Utilization Review documentation dated 8-10-2015 non-certified the request for additional acupuncture treatments two times a week for six weeks # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture, Lower Back, 2 times wkly for 6 wks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The August 17, 2015 utilization review document denied the request for additional acupuncture, 12 visits to the patient's lower back citing CA MTUS acupuncture treatment guidelines. The patient's medical history of treatment was reflected in progress notes that reflected the prior application of 11 out of 12 certified acupuncture sessions, massages and medications. The reviewed medical records did not identify clinical evidence of functional improvement following the 11 of 12 sessions leading to denial of further application of care. The medical necessity for additional chiropractic care, 12 sessions was not supported by the reviewed medical records or in compliance with CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.