

Case Number:	CM15-0183512		
Date Assigned:	09/25/2015	Date of Injury:	08/05/2013
Decision Date:	10/30/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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 54 year old female who sustained an industrial injury on 8-5-13. The injured worker reported low back discomfort with radiation to the left lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for sprain strain lumbar region. Medical records dated 9-2-15 indicate "constant moderate pain". Treatment has included at least 12 sessions of cognitive behavioral therapy, Naproxen since at least April of 2015, Zoloft since at least April of 2015, radiographic studies, electromyography and nerve conduction velocity study of bilateral upper extremities (3-11-13), physical therapy, lumbar spine magnetic resonance imaging (11-18-13), left shoulder magnetic resonance imaging (7-9-14), cervical spine magnetic resonance imaging (7-9-14), and acupuncture treatment. Objective findings dated 9-2-15 were notable for decreased lumbar spine range of motion, low back tenderness, and left paraspinous muscle tenderness. The original utilization review (9-10-15) denied a request for Acupuncture two times per week for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times per week for five weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 10, 2015 denied the treatment request for 10 additional acupuncture visits to manage the patient's chronic lower back pain citing CA MTUS acupuncture treatment guidelines. The patient reportedly received acupuncture care through the time of the initial reevaluation for determination of additional treatment was warranted. The medical records show that the patient's overall complaints had increased following acupuncture care with no evidence that these applied visits led to any degree of functional improvement secondary to pain modification. The reported pain increase following care would not support the medical necessity for additional acupuncture care or meet the criteria for additional acupuncture care per CA MTUS acupuncture treatment guidelines that require as criteria for consideration of additional care clinical evidence of functional improvement, which was not provided. The request is not medically necessary.