

Case Number:	CM15-0183590		
Date Assigned:	09/24/2015	Date of Injury:	01/10/2001
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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 65 year old who sustained an industrial injury on 1-10-2001. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar stenosis and low back pain. Currently, he/she complained of a flare up of low back pain with radiation to lower extremity. On 8-10-15, the physical examination documented tenderness to lumbar spine with positive straight leg test and positive Kemp, decreased sensation to bilateral lower extremities. The appeal requested authorization for eight (8) acupuncture treatments, twice a week for four weeks, to treat the cervical and lumbar spine. The Utilization Review dated 8-19-15, denied the request based on California Medical Treatment Utilization Schedule (MTUS) Guidelines, stating "Acupuncture is not supported as a stand-alone intervention."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks to cervical/lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of care. Provider requested trial of 8 acupuncture sessions which was non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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 (if any previously administered). MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.