MAXIMUS Federal Services

Case Number:	CM15-0183732		
Date Assigned:	09/24/2015	Date of Injury:	08/24/2014
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
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 47-year-old male who sustained an industrial injury on August 24, 2014. Diagnosis related to this request includes chronic low back pain. The physician states "MRI evidence of mild multi-level spondylosis" in the 6-5-2015 note. Documented treatment includes unspecified physical therapy and 6 chiropractic treatments stated to have been of "no benefit, L4-5 and L5-S1 zygapophyseal joint injection reported 6-5-2015 to have proved no benefit; and, the physician states he is not considered a "good candidate" for surgery for his low back. The injured worker continues to present with unrated pain and tenderness in the right lateral lumbar region, and the physician noted restrictions with lumbar flexion, right side bending and extension, and stated there was an intact sensory exam. The treating physician's plan of care includes acupuncture, but this was denied on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has completed 4 acupuncture sessions thus far and reports "increase in standing tolerance". Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Per medical notes patient reported “increase in standing tolerance"; however medical notes fail to documented how long the patient is able to stand with the use of acupuncture as it compares prior to starting Acupuncture. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, 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 review of evidence and guidelines, 8 additional acupuncture treatments are not medically necessary.