MAXIMUS Federal Services

Case Number:	CM15-0186512		
Date Assigned:	09/28/2015	Date of Injury:	03/04/2014
Decision Date:	11/06/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/22/2015

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 31 year old female, who sustained an industrial injury on 3-04-2014. The injured worker is being treated for degeneration of lumbar-lumbosacral disc and sprain-strain of neck. Treatment to date has included diagnostics, medications, physical therapy (12-15 sessions per 9-02-2015 report) and chiropractic care (3-4 sessions). Per the Primary Treating Physician's Progress Report dated 9-02-2015, the injured worker presented for follow-up. She reported right neck, right upper extremity, low back and right lower extremity pain. Low back pain spreads up to the neck and she also has pain in the right anterior groin and medial thigh. Objective findings included spasm and guarding of the lumbar spine with a positive straight leg raise test on the right. Work status was documented as "not permanent and stationary." The plan of care included right hip x-rays and acupuncture and authorization was requested on 9-02-2015 for 12 sessions of acupuncture for the lumbar spine (2x6). On 9-22-2015, Utilization Review non-certified the request for 12 sessions (2x6) of acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture therapy for the lumbar spine, 2 times a week for 6 weeks, as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture sessions for lumbar spine which were 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 12 Acupuncture visits are not medically necessary.