

Case Number:	CM15-0188298		
Date Assigned:	09/30/2015	Date of Injury:	04/06/2013
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male, who sustained an industrial injury on 4-6-2013. Medical records indicate the worker is undergoing treatment for lumbar disc displacement without myelopathy. A recent progress report dated 9-3-2015, reported the injured worker complained of severe right hip and low back pain that radiates to the bilateral lower extremities-right greater than left, rated 8 out of 10. Physical examination revealed "limited lumbar range of motion" with forward flexion and extension restricted with "limited rotation and side bending". Treatment to date has included epidural steroid injection, physical therapy and medication management. Acupuncture had been requested in April and the documentation is unclear if the injured worker received any acupuncture visits. On 9-9-2015, the Request for Authorization requested 9 sessions of acupuncture to the lumbar spine. On 9-17-2015, the Utilization Review modified the request for 9 sessions of acupuncture to the lumbar spine to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 9 sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8 & 9: Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef). The guidelines specifically report 3-6 treatments initially. In this case, the request is for 9 visits, which exceeds the recommendations, therefore the request is not medically necessary.