

Case Number:	CM15-0189314		
Date Assigned:	10/01/2015	Date of Injury:	11/18/2014
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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 27 year old male, who sustained an industrial-work injury on 11-18-14. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar strain and sprain, lumbar muscle spasms, chronic pain, lumbar discogenic disease and lumbar radiculopathy. Medical records dated 8-31-15 indicate that the injured worker complains of continued pain in the lumbar spine that has worsened, with severe limited range of motion, tingling and numbness as well as radiculopathy and radiculitis into the legs at L4-5 dermatomes. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-21-15 the work status is temporary total disability. The physical exam dated 8-31-15 reveals that lumbar exam shows severe guarding to deep palpation over the lumbar area associated with severe myofascial pain guarding and reproduced on deep palpation of pain at level of 8 out of 10 on pain scale. The straight leg raise tests are severely positive in both the seated and supine positions. The injured worker ambulates with a limp, heel toe gait is performed with some difficulty and there is muscle spasm noted. Treatment to date has included pain medication, diagnostics, pain management, acupuncture and physical therapy with limited improvement (unknown amount) and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 12-29-14 reveals disc desiccation at L4-5 and L5-S1. There is right disc protrusion causing right lateral recess narrowing and facet arthropathy L4-5 and L5-S1. The requested service included Acupuncture for the Lumbar Spine QTY: 6. The original Utilization review dated 9-21-15 non-certified the request for Acupuncture for the Lumbar Spine QTY: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Lumbar Spine QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment Guidelines states that acupuncture may be extended with documentation of functional improvement. The patient complained of continued pain in the lumbar spine that has worsened. Records indicate that the patient received prior acupuncture care. According to the report dated 8/31/2015, the provider reported that there was documentation of failure of conservative treatments including physical therapy, home exercise, and acupuncture. Based on the lack of functional improvement from prior acupuncture treatments, the provider's request for 6 acupuncture session to the lumbar spine is not medically necessary at this time.