

Case Number:	CM15-0191880		
Date Assigned:	10/05/2015	Date of Injury:	05/18/2011
Decision Date:	11/13/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	09/29/2015

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 46 year old male, who sustained an industrial injury on 5-18-2011. He reported cumulative trauma type injuries to the neck and low back. Diagnoses include low back pain and left leg radiation pain in an S1 distribution. Treatments to date include Ibuprofen and topical Flector patches as needed, home exercise, and physical therapy. On 9-2-15, he complained of no change in the pain of the low back and bilateral knees. There was radiation of pain down the left leg. The physical examination documented tenderness to palpation to lower facet joints, left greater than right, and paraspinal muscle tenderness with axial low back pain with extension. The plan of care included ongoing medication management and acupuncture treatment. The appeal requested authorization for 10 acupuncture sessions for the lumbar spine twice a week for five weeks. The Utilization Review dated 9-19-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Lumbar Spine 2X week X5weeks # 10 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The September 19, 2015 utilization review document denied the treatment request for continuation of acupuncture care, to visits per week for five weeks to manage chronic lower back complaints citing CA MTUS acupuncture treatment guidelines. The reviewed medical records identified a prior course of acupuncture care to the patient's lower back following a 9/15/15 re-examination. The medical records do not identify clinical evidence of functional improvement following the prior application of care which is required by the CA MTUS treatment guidelines for consideration of additional care if requested. The medical necessity for continuation of chiropractic treatment, 10 additional visits was not supported by the reviewed medical records or supported by the CA MTUS acupuncture treatment guidelines. The request is not medically necessary.