

Case Number:	CM15-0191892		
Date Assigned:	10/05/2015	Date of Injury:	01/05/2005
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
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 39 year old female, who sustained an industrial injury on 1-05-2005. The injured worker is being treated for low back pain and lumbar strain. Treatment to date has included at least 11 prior sessions of acupuncture (12 sessions of acupuncture were certified on 5-26-2015 and per the acupuncture notes, there is documentation of 11 visits between 6-09-2015 and 8-22-2015). Other treatment has included physical therapy, injections, medications and activity restrictions. Per the Primary Treating Physician's Progress Report dated 9-01-2015, the injured worker presented for follow-up of low back pain. She reported the most prominent discomfort in the mid and lower left lumbar spine that radiates to the buttocks and left anterior thigh. She notes some pain relief with acupuncture. Objective findings included pain elicited over the left thoracic paraspinal muscles and left and right lumbar paraspinal muscles. Work status was modified. Per the 5-08-2015 note, acupuncture provided some pain relief. The number of completed visits are not documented. Per the medical records dated 5-08-2015 to 9-01-2015, there is no documentation of significant improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The plan of care on 9-01-2015 included continuation of acupuncture. Authorization was requested on 9-02-2015 for 12 sessions of acupuncture (2x6). On 9-08-2015, Utilization Review non-certified the request for 12 sessions of acupuncture (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 8, 2015 denied the treatment request for 12 acupuncture visits, two visits per week for six weeks citing CA MTUS acupuncture treatment guidelines. The reviewed documents identified a medical history of chronic constant lower back pain radiating to the left buttocks and down the posterior leg including the foot. The patient was exposed to medical management with epidural blocks and non-steroidal anti-inflammatory medications. The primary treating physician recommended a continuation of acupuncture care having completed 10 of 12 acupuncture treatments with noted slow improvement. The reviewed medical records failed to identify any significant objective functional gains with the prior application of 10 acupuncture visits and no interim clinical evidence of flare or exacerbation to support an acute presentation necessitating additional treatment. The medical records failed to identify the medical necessity for continuation of acupuncture care in the absence of objective functional gains or comply with CA MTUS acupuncture treatment guidelines for consideration of additional treatment.