

Case Number:	CM15-0193666		
Date Assigned:	10/07/2015	Date of Injury:	10/25/2014
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	10/01/2015

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:

This is a 51-year-old female with a date of injury on 10-25-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine pain. Progress report dated 8-4-15 reports continued complaints of constant lower back pain that radiates to her left buttocks and left leg with numbness, tingling, sharp and burning sensation, rated 9 out of 10. The pain increases with activities and decreases with pain medication. Objective findings: she has tenderness to palpation of the left sacroiliac and decreased range of motion. On 7-30-15, she reports that acupuncture has helped significantly to relieve the pain and increase activity. MRI of the lumbar spine 12-29-14, revealed moderate stenosis of the central spinal canal at L4-5 due to buckling and thickening of the ligamentum flavum. Treatments include: medication, physical therapy, chiropractic and acupuncture. Per a Pr-2 dated 7/30/15, the claimant states that acupuncture has helped relieve her pain. Request for authorization was made for acupuncture two times per week for 6 weeks. Utilization review dated 8-27-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.