

Case Number:	CM15-0197479		
Date Assigned:	10/13/2015	Date of Injury:	04/21/2014
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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, Montana

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 58 year old male, who sustained an industrial injury on 4-21-14. The injured worker was diagnosed as having low back pain, facet-mediated low back pain and lumbar radiculopathy. Medical records (3-3-15 through 3-31-15) indicated 2-3 out of 10 pain in the lower back. The disability status is permanent and stationary since 2-10-15. The physical exam (3-3-15 through 3-31-15) revealed lumbar flexion was 20-70 degrees, extension was 10-20 degrees and a negative straight leg raise test. As of the PR2 dated 9-16-15, the injured worker reports low back pain that is worse with long periods of standing or any heavy lifting. He rates his pain 2 out of 10. Objective findings include "full" lumbar range of motion with pain on extension and a negative straight leg raise test. Treatment to date has included a TENS unit, a lumbar MRI on 7-10-14 showing "an L5-S1 disk protrusion", a lumbar brace and LidoPro cream. The treating physician requested acupuncture for the lumbar spine. The Utilization Review dated 9-25-14, non-certified the request for acupuncture for the lumbar spine.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of (unknown amount) acupuncture sessions which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested unknown number of visits are not supported by cited guidelines. Furthermore Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, Acupuncture visits are not medically necessary.