

Case Number:	CM15-0197647		
Date Assigned:	10/13/2015	Date of Injury:	10/30/2013
Decision Date:	11/30/2015	UR Denial Date:	09/15/2015
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

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 injured worker is a 27 year old male, who sustained an industrial injury on 10-30-2013. The injured worker was diagnosed as having lumbar strain, lumbar radiculitis and lumbar degenerative disc disease. On medical records dated 09-02-2015 and 05-06-2015, the subjective complaints were noted as low back pain that radiates down left side of the leg into the left hip area as well as left buttocks. Pain was rated as 6-7 out of 10. Objective findings were noted as lumbar spine revealed tenderness to L4-L5 on deep palpation as well as bilateral posterior superior iliac spine. And straight leg raise was noted to cause hamstring, tightness at 45 degrees from sitting position. Treatments to date include medication, home exercise program, and TENS unit. Current medications were listed as Baclofen, Naproxen, and Flurbiprofen. The Utilization Review (UR) was dated 09-15-2015. A request for Acupuncture 2 x a week for 3 weeks for the lumbar spine was submitted. The UR submitted for this medical review indicated that the request for Acupuncture 2 x a week for 3 weeks for the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x a week for 3 weeks for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. 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. Since there is no documentation the claimant had prior acupuncture, 6 visits of acupuncture are medically necessary.