

Case Number:	CM15-0199031		
Date Assigned:	10/14/2015	Date of Injury:	09/08/1976
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/09/2015

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 79 year old female, who sustained an industrial injury on 9-8-1976. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar intervertebral displacement. On 9-10-2015, the injured worker reported her right leg pain better with less numbness. The Primary Treating Physician's report dated 9-10-2015, noted the physical examination showed asymmetry of the lumbar spine with spasms of the right lumbar spine, decreased flexion, and positive straight leg raise on the right. The treatment plan was noted to include continued exercise program and a prescription for acupuncture for the lower back. The documentation provided did not include any indications of current or previous medications or treatments received by the injured worker. The request for authorization dated 9-10-2015, requested acupuncture #12 visits. The Utilization Review (UR) dated 9-18-2015, modified the request for acupuncture #12 visits to certify six acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture # 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The September 18, 2015 utilization review document denied the treatment request for 12 acupuncture visits to manage the patient's lumbar spine residuals that arose from a September 8, 1976 date of injury citing CA MTUS acupuncture treatment guidelines. The request for treatment followed a September 10, 2015 reevaluation of the patient who presented with low back pain and right leg pain. Range of motion decrease was also identified along with straight leg raising positive on the right side. It appears that the request for 12 acupuncture visits was an initial request that exceeds CA MTUS acupuncture treatment guidelines that recommends a trial of care for six visits. The reviewed medical records do support initiation of the trial of acupuncture with no medical necessity found in the reviewed medical records or support in the CA MTUS guidelines for initiation of a trial of care for 12 visits. The request is not medically necessary.