

Case Number:	CM15-0199473		
Date Assigned:	10/14/2015	Date of Injury:	10/23/2013
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
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, 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 38-year-old male with an industrial injury date of 10-23-2013 (cumulative trauma 10-23-2013-07-22-2014). Medical record review indicates he is being treated for lumbar spine sprain-strain with herniated nucleus pulposus. Subjective complaints (08-27-2015) included lumbar spine pain rated as 6 out of 10. Work status is documented as return to modified work 08-27-2015 - 09-24-2015. Prior treatment included physical therapy (number of treatments not specified) and acupuncture (number of treatments not specified). The treating physician documented the injured worker received "minimal" help with acupuncture. Objective findings (08-27-2015) included tenderness of bilateral paraspinal. On 09-23-2015 utilization, review denied the request for 8 acupuncture sessions, 2 times a week for 4 weeks for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions, 2 times a week for 4 weeks for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.