

Case Number:	CM15-0199478		
Date Assigned:	10/14/2015	Date of Injury:	01/20/1993
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
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 42-year-old male who sustained an industrial injury on 1-20-1993. Diagnoses have included Lumbar herniation, status post bilateral brachial plexus decompression, status post five peripheral nerve decompressions of the upper extremities, status post cervical fusion in C4-7, reactionary depression and anxiety, and CRPS Type 1. Noted treatment includes a cervical spinal cord stimulator placed 4-30-2015, lumbar injections, and medication including OxyContin Ultram, Soma which he has increased due to low back spasms, and Topamax which is stated to have helped "slightly" with radicular symptoms. He has received at least 8 acupuncture treatments in the past noted to be helpful with pain. On 8-28-2015 the injured worker reported increased pain in his low back radiating down both extremities. He said that pain was greater on the right side, and rated at as 7 out of 10 limiting mobility and activity intolerance. The treating physician's plan of care includes 12 additional sessions of acupuncture for the lumbar spine which was modified to 4 visits on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of acupuncture to the lumbar spine 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of increased pain in the low back with radiating pain down both extremities. The guidelines states that acupuncture may be extended with documentation of functional improvement. It was noted that the patient completed at least 8 acupuncture treatments in the past which was noted to be helpful with pain. However, there was no documentation of functional improvement from prior acupuncture session. Therefore, the provider's request for 12 acupuncture session to the lumbar spine is not medically necessary; In addition, the patient was recently authorized 4 acupuncture session. There was no documentation of the outcome from authorized sessions, not medically necessary.