

Case Number:	CM15-0199864		
Date Assigned:	10/19/2015	Date of Injury:	11/25/2014
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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 39 year old female, who sustained an industrial injury on 11-25-2014. The injured worker was diagnosed as having thoracic spine and lumbar spine sprain. On medical records dated 07-01-2015, 08-03-2015 and 09-10-2015, (hand written notes are difficult to decipher). The subjective complaints were noted as lumbar spine pain, decreased range of motion, occasional numbness and tingling to bilateral lower extremities. Pain was rated as 4-5 out of 10. Increased pain with exercise was noted. Objective findings were noted as thoracic and lumbar spine tenderness, and guarding was noted as well as positive Faber, increased straight leg raise. Treatments to date included physical therapy and chiropractic therapy. MRI of the lumbar spine 04-23-2015, impression was noted as left intraforaminal disk protrusion at L3 - L4 to lesser degree at L2-L3 resulting in moderate to severe degrees of left foraminal stenosis. Right intraforaminal protrusion L4-L5 with mild degree of right foraminal stenosis and transitional anatomy with partially sacralized L5 segment was noted. The injured worker was noted to be temporary totally disabled. Current medications were not listed on 09-10-2015 or 08-03- 2015. The Utilization Review (UR) was dated 09-22-2015. A Request for Authorization was dated 09-10-2015. The UR submitted for this medical review indicated that the request for 6 Acupuncture treatments to the thoracic and lumbar spine to include Infra Lamp, Medical Supply, and Kinesio tape was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture treatments to the thoracic and lumbar spine to include Infra Lamp, Medical Supply, Kinesio tape: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 22, 2015 denied the treatment request for six acupuncture visits to the patient's thoracic and lumbar spine to include infrared lamp, medical supply, Kinesio tape between 9/17/15 and 11/1/15 citing CA MTUS acupuncture treatment guidelines. The reviewed medical records did not identify any residual objective findings in the thoracic spine leaving only the lumbar spine as an area treatment consideration. The reviewed medical records failed to identify the medical necessity for treatment of the thoracic spine given the absence of any residual subjective or objective residuals leaving the lumbar spine request for six acupuncture treatments reasonable and consistent with CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.