

Case Number:	CM15-0202058		
Date Assigned:	10/16/2015	Date of Injury:	09/10/2014
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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 59-year-old male, who sustained an industrial injury on 9-10-2014. The injured worker was being treated for lumbar spine strain. Medical records (6-30-2015, 8-4-2015) indicate ongoing lumbar spine pain. The physical exam (6-30-2015) reveals tenderness to palpation of the lumbar paraspinals and intact sensation of the left anterior thigh, left lateral calf, and left lateral ankle. The physical exam (8-4-2015) reveals intact sensation of the right mid anterior thigh, right lateral calf, and right lateral ankle. Medical records (9-8-2015) indicate ongoing lumbar spine pain. There is ongoing right lower extremity numbness and tingling, which started 2 months prior. The treating physician noted that physical therapy was helpful. The physical exam (9-8-2015) reveals intact sensation of the left anterior-lateral thigh, left anterior-lateral calf, and left lateral ankle. Diagnostic studies to date have included MRI and x-rays, but the dates and results were not included in the provided medical records. Treatment has included physical therapy, home exercises, ice, heat, and work restrictions. Per the treating physician (9-8-2015 report), the injured worker is to remain off work. The requested treatments included 12 sessions of acupuncture for the lumbar spine. On 10-2-2015, the original utilization review non-certified a request for 12 sessions of acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions, which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.