

Case Number:	CM15-0203542		
Date Assigned:	10/20/2015	Date of Injury:	01/23/2015
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This is a 44-year-old female with a date of industrial injury 1-23-2015. The medical records indicated the injured worker (IW) was treated for lumbar sprain-strain and lumbar radiculopathy. In the progress notes (8-6-15, 8-24-15, 9-3-15), the IW reported constant severe low back pain, stiffness, heaviness, numbness, tingling, weakness and cramping. The progress notes 5-21-15 and 7-2-15 stated the IW had pain shooting down the right leg, as well. Medications included Gabapentin, Zolpidem, Alprazolam and Cyclobenzaprine. On examination (8-24-15) notes), motor strength was 4 out of 5 in the right hamstring. The ranges of motion were decreased and painful. There was tenderness to palpation of the coccyx, L3 through L5 spinal processes and bilateral sacroiliac joint. Straight leg raise was positive bilaterally and Kemp's test was positive. Treatments included physical therapy (with some benefit), medications and epidural steroid injection (6-19-15), which did not help. The therapy notes dated 7-15-15, 7-24-15, 8-24-15, and 9-1-15 showed subjective complaints of low back and right leg pain remained 8 to 9 out of 10. The IW was on modified duty. A Request for Authorization dated 8-24-15 was received for acupuncture once a week for six weeks for the lumbar spine. The Utilization Review on 9-16-15 non-certified the request for acupuncture once a week for six weeks 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 1X Week X 6 weeks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Per medical notes 04-09-15, patient has tried Acupuncture with minimal results. Provider requested additional 1X6 acupuncture sessions for lumbar spine which were non-certified by the utilization review. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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, 1X6 acupuncture treatments are not medically necessary.