

Case Number:	CM15-0203594		
Date Assigned:	10/20/2015	Date of Injury:	04/22/2014
Decision Date:	12/03/2015	UR Denial Date:	10/13/2015
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

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 45 year old male, who sustained an industrial injury on 4-22-2014. Per a PR-2 dated 3/19/2015, the claimant states that acupuncture he has been undergoing has been a benefit to his condition and he would like to continue. The medical records indicate that the injured worker is undergoing treatment for sprain of the lumbar spine. According to the progress report dated 7-1-2015, the injured worker presented with complaints of low back pain. On a visual analogue scale, he rates his pain 27 with medications and 53 without. The physical examination of the lumbar spine reveals tenderness to palpation over the left side of the paralumbar musculature and limited range of motion. The current medications are not specified. Previous diagnostic studies were not indicated. Treatments to date include medication management and 8 acupuncture sessions (with benefit). Work status is described as permanent and stationary. Per an acupuncture progress report, his Owestery scores have decreased from 60 to 34 from 2/21/15 to 5/14/15. The original utilization review (10-13-2015) had non-certified a request for 8 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with subjective and functional improvement through improvement of Oswestry scores over the course of treatment from February to May 2015. Therefore eight further acupuncture sessions are medically necessary.