

Case Number:	CM15-0203833		
Date Assigned:	10/20/2015	Date of Injury:	05/23/2013
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
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 39 year old female, who sustained an industrial injury on 5-23-2013. Medical records indicate the worker is undergoing treatment for low back pain. A recent progress report dated 9-15-2015, reported the injured worker complained of cramping back pain and tightness. Physical examination revealed a slight decrease in strength secondary to pain. Lumbar magnetic resonance imaging showed lumbar 4-5 mild foraminal narrowing. Treatment to date has included chiropractic care, acupuncture (18 prior visits authorized) and medication management. The physician is requesting 12 visits of acupuncture for the back. On 9-28-2015, the Utilization Review noncertified the request for acupuncture to the back x 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to The Back 2x6: 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 25, 2015 denied the treatment request for 12 acupuncture visits including a new patient assessment to manage the

patient's chronic back complaints citing CA MTUS acupuncture treatment guidelines. The reviewed medical records reflected a prior course of acupuncture, 18 visits to manage similar complaints and examination deficits in the lumbar spine without clinical evidence that functional improvement arose from this care. CA MTUS acupuncture treatment guidelines do support additional treatment when evidence of functional improvement is provided at the time of treatment request. None was provided. The medical necessity for the additional 12 visits of acupuncture was not supported by the reviewed medical records or conform to the prerequisites for consideration of additional treatment that being evidence of functional improvement as per CA MTUS acupuncture treatment guidelines.