MAXIMUS Federal Services

Case Number:	CM15-0204290		
Date Assigned:	10/21/2015	Date of Injury:	01/20/2009
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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 58 year old male with a date of injury of January 20, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic myofascial pain syndrome, chronic lumbar spine strain, and chronic right sacroiliac joint pain. Handwritten medical records dated April 24, 2015 indicate that the injured worker complained of right lower back pain with some pain in the right buttock. A handwritten progress note dated June 2, 2015 documented complaints of right sacroiliac joint pain. Per the treating physician (June 2, 2015), the employee had work restrictions that included single lifting limited to five pounds, and limited climbing. The physical exam dated April 24, 2015 reveals decreased range of motion of the lumbar spine, and decreased strength. The progress note dated June 2, 2015 documented a physical examination that showed right sacroiliac joint tenderness, decreased range of motion of the lumbar spine, and spasms of the lumbar spine. Portions of the progress notes were difficult to decipher. Treatment has included lumbar radiofrequency rhizotomy with 80% relief, an unknown number of acupuncture sessions "With benefit", medial branch block, and medications (Naprosyn, Omeprazole, Flexeril, and Neurontin). The original utilization review (October 12, 2015) non-certified a request for eight sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had 24 acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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, 8 acupuncture treatments are not medically necessary.