

Case Number:	CM15-0205326		
Date Assigned:	10/22/2015	Date of Injury:	01/07/2014
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
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

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 47-year-old female, with a reported date of injury of 01-07-2014. The diagnoses include lumbosacral radiculopathy, spondylolisthesis, and knee tendinosis and bursitis. The follow-up report dated 06-10-2015 indicates that the injured worker underwent an MRI of the lumbar spine; however, the results had not been received. The injured worker complained of continued back pain and right knee pain with catching and locking. The physical examination showed spasm; tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion; decreased sensation in the bilateral L5 and S1 dermatomes; patellar crepitus on flexion and extension of the right knee with medial and lateral joint line tenderness. It was noted that the medications provided pain relief and improved functional status. The treating physician stated that work restrictions would continue. The acupuncture progress report dated 08-21-2015 indicates that the injured worker had low back pain, which was rated 9 out of 10, and was currently rated 6 out of 10. It was noted that the range of motion of the lumbar spine had improved moderately. The treating provider indicated that the injured worker had made reasonable progress toward pre-clinical status or functional outcomes under the treatment plan. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Tylenol with codeine and acupuncture. The treating physician requested acupuncture three times a week for six weeks for the low back. On 10-05-2015, Utilization Review (UR) non-certified the request for acupuncture three times a week for six weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture three times a week for six weeks (low back): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient received prior acupuncture care. The acupuncture provider reported improvement in sitting, standing and walking. However, there was no objective documentation regarding the functional outcome from previous acupuncture treatments. The provider increase range of motion, increase strength, increase endurance, improved sleep, and reduced pain medications. However, there was no objective documentation of those improvements. There was no documentation of which pain medication was reduced and the dosage of the medications taken before and after acupuncture treatments. In addition, the provider's request for additional 18 acupuncture sessions appears to be excessive. Therefore, the providers request for 18 acupuncture sessions is not medically necessary at this time.