

Case Number:	CM15-0205327		
Date Assigned:	10/22/2015	Date of Injury:	08/21/2014
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
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 48 year old male, who sustained an industrial injury on 8-21-14. The injured worker was being treated for L1 burst fracture, status post T11-L3 posterior instrumentation and fusion, residual right S1 and left L4 paresthesia, right quad and gastric weakness, possible left sacroiliac joint dysfunction, sleep disorder, erectile dysfunction secondary to pain and right palmar hand laceration. On 8-31-15, the injured worker complains of continued low back pain, mostly left sided and rated 5-6 out of 10 without medications and 2-3 out of 10 with medications. He is temporarily totally disabled. Physical exam performed on 8-31-15 revealed well healed midline lumbar spine incision, palpable tenderness of paravertebral muscles bilaterally and slightly restricted lumbar range of motion. Treatment to date has included lumbar fusion, oral medications including Ultram 50mg, physical therapy, acupuncture (he notes 50% decreased pain for 3 days after acupuncture treatment previous week; however documentation does not indicate how many previous sessions he has attended or functional improvement from previous sessions) and activity modifications. On 9-17-15 request for authorization was submitted for 8 acupuncture sessions. On 9-25-15 request for 8 acupuncture sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of continued low back pain. Records indicate that the patient received acupuncture treatments in the past with noted improvement in pain. There was no documentation of functional improvement from prior acupuncture treatments. In addition, according to the report dated 10/12/2015, the provider stated that the patient's symptoms have failed to improve with extensive conservative care. The guidelines state that acupuncture may be extended with documentation of functional improvement. The patient therefore did not meet the criteria for continued acupuncture care. Therefore, the provider's request for 8 additional acupuncture sessions is not medically necessary at this time.