

Case Number:	CM15-0205573		
Date Assigned:	10/22/2015	Date of Injury:	10/23/2010
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

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 injured worker is a 44 year old female, who sustained an industrial injury on 10-23-2010. The injured worker was diagnosed as having lumbar disc herniation and radiculitis leg. On medical records dated 05-21-2015, 08-10-2015 and 09-22-2015 the subjective complaints were noted as back pain that radiates down legs. Pain was noted as 5-7 out of 10. Objective findings were noted as myospasm in lower back and positive left straight leg raise. Treatments to date included physical therapy, medication and acupuncture. Acupuncture was noted as helping reduce pain and with medication is able to work. The injured worker was noted to be working full time. Current medications were listed as Baclofen and Tramadol. The Utilization Review (UR) was dated 09-23-2015. A Request for Authorization was dated 08-27-2015. The UR submitted for this medical review indicated that the request for Acupuncture, 6 sessions was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 6 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 prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. 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, 6 acupuncture treatments are not medically necessary.