

Case Number:	CM15-0206281		
Date Assigned:	10/23/2015	Date of Injury:	07/09/2014
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
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

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 41 year old male, who sustained an industrial injury on 7-9-2014. Medical records indicate the worker is undergoing treatment for lumbar disc displacement. A recent progress report dated 8-5-2015, reported the injured worker complained of thoracic pain and right sided low back pain. Physical examination revealed paravertebral muscle spasm with absent deep tendon reflexes. Treatment to date has included acupuncture (unknown number of sessions), physical therapy and medication management. The physician is requesting Acupuncture 2 times a week for 6 weeks for the lumbar spine. On 10-6-2015 the Utilization Review noncertified the request for Acupuncture 2 times a week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the lumbar spine: 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 low back pain. According to the progress report dated 8/5/2015, the provider noted acupuncture 2 times per week. The provider treatment plan consisted of continuing acupuncture. The Acupuncture Treatment guidelines state that acupuncture may be extended with documentation of functional improvement. Based on the records, the patient received acupuncture treatment in the past without any documentation of functional improvement. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.