

Case Number:	CM15-0207023		
Date Assigned:	10/23/2015	Date of Injury:	01/06/2015
Decision Date:	12/09/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 1-6-15. The injured worker has complaints of low back pain with increased soreness and tenderness within the right sided low back with numbness that extends down back of both legs. There is slight tenderness to palpation of the thoracolumbar junction and slight tenderness to palpation of L4-L5. There is increased tenderness with deep digital palpation of left S1 (sacroiliac) joint and left sided lower lumbar facets of L4-5 and L5-S1 (sacroiliac). Lumbar spine magnetic resonance imaging (MRI) on 5-28-15 revealed lower three lumbar disc spaces have loss of disc space signal, normal disc space height; at L4-L5 there is a 3 millimeter disc protrusion indenting thecal sac; suspect annular tear at L4-15 and the conus is normal. The diagnoses have included lumbosacral sprain and strain; facet syndrome and lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy; electric muscle stimulation and ultracet. The original utilization review (10-1-15) non-certified the request for acupuncture 8 sessions to the lumbar spine, 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions to the lumbar spine, 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.