

Case Number:	CM15-0207404		
Date Assigned:	10/26/2015	Date of Injury:	01/14/2011
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
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

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 45 year old who sustained an industrial injury on 01-14-2011. Medical records indicated the worker was treated for osteoarthritis -left leg, lumbosacral neuritis, sprain of ankle, sprain of sacroiliac. In the provider notes of 09-18-2015 The injured worker complains of bilateral low back pain and discomfort, left hip pain and discomfort, left knee pain and discomfort, and left ankle-foot pain and discomfort. Her symptoms are persistent since last visit. The worker states she has felt improvement with acupuncture and chiropractic treatment. Medications include Mobic, and Flexeril and she also uses Thermacare pads for pain relief. On examination, she exhibits decreased range of motion and tenderness in the left hip, the left knee, and the lumbar back. Straight leg raise on the left leg is abnormal. The treatment plan is to continue medications and acupuncture with chiropractic treatment. A request for authorization was submitted for Outpatient continued acupuncture two (2) times a week for three (3) weeks for the lumbar spine and knee. A utilization review decision 09-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient continued acupuncture two (2) times a week for three (3) weeks for the lumbar spine and knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guideline states that acupuncture may be extended with documentation of functional improvement. According to the submitted records, the patient felt improvement with acupuncture treatments. However, there was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.