

Case Number:	CM15-0207570		
Date Assigned:	10/26/2015	Date of Injury:	10/15/2009
Decision Date:	12/11/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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 was a 66 year old female, who sustained an industrial injury, October 15, 2009. The injured worker was undergoing treatment for long-term use of medications, disorders of the sacrum and sciatica. According to progress note of September 15, 2015, the injured worker's chief complaint was low back pain radiating into the bilateral lower extremities left greater than the right. The injured worker reported numbness and tingling on the outside of the left leg radiating down to the foot. The injured worker reported that sitting for long periods of time, heavy lifting and bending aggravated the pain. The pain was relieved by walking, changing positions and stretching. The medications reduced the pain from 8 out of 10 down to 6 out of 10. The injured worker was able to walk and exercise better with less pain use of medications. The physical exam noted the injured worker walked with an antalgic gait. The injured worker ambulated without the assistance of a device. The examination of the lumbar spine was decreased by 20% with flexion and extension and rotation bilaterally. The sensation was decreased to light touch along the left lower extremity compared to the right lower extremity. The straight leg raises were negative bilaterally. The injured worker previously received the following treatments Gabapentin, Ibuprofen and lumbar spine MRI on February 16, 2012. The RFA (request for authorization) dated September 17, 2015; the following treatments were requested acupuncture for the low back 12 sessions. The UR (utilization review board) denied certification on September 22, 2015; for the acupuncture for the low back 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back qty 12: 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 12 acupuncture sessions for lumbar spine 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, 12 Acupuncture visits are not medically necessary.