

Case Number:	CM15-0208675		
Date Assigned:	10/27/2015	Date of Injury:	10/31/2014
Decision Date:	12/11/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/23/2015

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 40-year-old male who sustained an industrial injury 10-31-14. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine sprain-strain and left lower extremity radicular symptoms. Medical records (09-01-15) reveal the injured worker complains of lumbar spine pain rated at 7-8/10 with radicular symptoms in the left lower extremity. The physical exam (09-01-15) reveals the injured worker exhibits difficulty with rising from sitting. Gain is antalgic. The injured worker moves about protectively and with stiffness. PT and acupuncture decreased pain temporarily. Prior treatment includes 19 acupuncture sessions, 12 chiropractic sessions, and unknown number of physical therapy sessions. Per an acupuncture report dated 7/19/15, the claimant has had six acupuncture sessions and walking has increased from 20-30 minutes, and lumbar flexion has increased from 30-40 degrees and left lateral flexion has increased from 12-15 degrees. In addition, the medication usage has decreased from 2x to 1x a day of naproxen. The original utilization review (10-02-15) non certified the request for 6 acupuncture sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6 for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had at least 19 prior acupuncture sessions. He initially had some functional improvement. However, the provider fails to document objective functional improvement associated with the last 13 sessions of acupuncture treatment. Therefore, further acupuncture is not medically necessary until the provider is able to document continued improvement.