

Case Number:	CM15-0209678		
Date Assigned:	10/28/2015	Date of Injury:	06/03/2011
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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 59-year-old male who sustained an industrial injury on 6-3-2011 and has been treated for left knee medial meniscus tear, failed back surgery syndrome and facet arthropathy. On 9-23-2015, the injured worker reported constant low back pain radiating in the back, mostly on the left side. Pain was rated as 7 out of 10 and stated it can range between 5 and 10 out of 10. Objective findings include lumbar pain noted with left lateral rotation and extension, pain to palpation in the left paraspinal muscles at L4-L5, and positive facet loading on the left. Documented treatment includes 12 sessions of physical therapy for the knee. There is no discussion related to past acupuncture or other therapies for the lumbar complaints in the notes provided. He has been on activity restrictions, home exercise, and medication. The treating physician's plan of care includes a potential medial branch nerve block, and a request for authorization was submitted for 6 sessions of acupuncture for the lumbar spine on 10-14-2015 and the denial was determined on 10-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 additional visits per week x 3 weeks, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of constant low back pain. The patient received acupuncture in the past. It was reported that the patient completed 12 acupuncture sessions. There was no documentation of functional improvement from prior acupuncture treatments. The guideline states that acupuncture may be extended with documentation of functional improvement. The provider's request for 6 additional acupuncture sessions is not medically necessary at this time.