

Case Number:	CM15-0020576		
Date Assigned:	02/10/2015	Date of Injury:	07/28/2001
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/04/2015

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 62 year old male with an industrial injury dated July 28, 2001. The injured worker diagnoses include lumbar disc disorder, degenerative disc disease of lumbar, lumbosacral spondylosis without myelopathy and lumbar sprain/strain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, acupuncture treatment, and periodic follow up visits. According to the progress note dated 12/29/2014, the injured worker reported constant low back pain. The treating physician noted that the previous ten acupuncture therapy sessions decreased his pain and increased his ability to perform activities of daily living (ADL). The injured worker reported a relapse after discontinuation of treatment. The treating physician recommendation is that acupuncture should continue to help in reducing pain and increasing his ability to do ADLS. The treating physician prescribed services for additional acupuncture treatment, lumbar spine QTY 10. Utilization Review determination on January 12, 2015 denied the request for additional acupuncture treatment, lumbar spine QTY 10, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture treatment, lumbar spine QTY 10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guideline states that acupuncture may be continued with documentation of functional improvement. According to the submitted records, the patient had received acupuncture care. According to the progress report dated 1/26/2015, the provider noted that acupuncture allow the patient to exercise and perform activities of daily living. The activities of daily living were described as walking and doing household chores. The patient was able to stand 10-15 minutes at a time compared to only 2-3 minutes without acupuncture therapy. Based on the documentation of functional improvement, the provider's request for 10 additional acupuncture sessions to the lumbar spine is medically necessary at this time.