

Case Number:	CM15-0023261		
Date Assigned:	02/12/2015	Date of Injury:	02/06/2013
Decision Date:	04/17/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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 43-year-old male, who sustained an industrial injury on February 6, 2013. He reported a low back injury. The injured worker was diagnosed as having a back and left elbow injury. Treatment to date has included medications, bike riding, and modified work duty. Currently, the injured worker complains of continued low back pain with radiation into the left leg. On December 24, 2014, the provider indicates a magnetic resonance imaging dated June 28, 2013 reveals disc bulging. On January 20, 2015, the physician notes the injured worker also complains of left elbow pain, which is rated 7/10 on a pain scale. He rates his back pain as 8/10. The record indicates there is no home exercise program established. The physical findings indicate there is tenderness in the low back area and lumbar range of motion is: flexion 90 degrees with low back pain, extension 5 degrees, and side bend bilaterally 5 degrees, rotation 5 degrees. Testing reveals a positive straight leg raise test on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks to the Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There was no evidence of prior acupuncture treatments. The acupuncture guideline recommends an initial trial of 3-6 visits over 1-2 months to produce functional improvement. An acupuncture trial appears to be necessary at this time. However, the provider's request of 8-acupuncture session for the low back exceeds the guidelines recommendation. The provider's request is inconsistent with acupuncture medical treatment guidelines and therefore is not medically necessary and appropriate at this time.