

Case Number:	CM15-0025092		
Date Assigned:	02/18/2015	Date of Injury:	07/18/2014
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/10/2015

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:

This 30 year old male sustained a work related injury on 07/18/2014. According to a progress report dated 01/16/2015, the injured worker presented with chronic low back pain. He completed 5 sessions of physical therapy and had 6 or 7 more sessions left. He reported good benefit with physical therapy so far. Diagnoses included Sciatica, Sprain/strain lumbar region and Enthesopathy hip- right Iliopsoas bursitis. Right lower extremity pain had improved but he continued to have persistent back pain. Acupuncture was requested in conjunction with the remaining physical therapy sessions. Work restrictions included lifting 30 pounds, limited in bending at the waist and no repetitive bending at the lumbar spine limited to 50% of the time at work. On 02/03/2015, Utilization Review non-certified acupuncture x 12 sessions (1 x for 12 weeks) low back. According to the Utilization Review physician, the injured worker was improving with physical therapy and still had six to seven sessions remaining. Alternative therapy is not medically necessary as this claimant was responding well to physical therapy. CA MTUS Acupuncture Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Acupuncture to low back (1x for 12 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 1X12 acupuncture sessions 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.