

Case Number:	CM15-0025300		
Date Assigned:	02/17/2015	Date of Injury:	07/20/2011
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
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:

The injured worker is a 48 year old female, who sustained an industrial injury reported on 7/20/2011. She has reported worsening lumbosacral pain. The diagnoses were noted to have included lumbar sprain/strain; and displacement of thoracic or lumbar intervertebral disc, without myelopathy. Treatments to date have included consultations; diagnostic imaging studies; 24 physical therapy sessions; exercise program; 4 chiropractic treatments; 36 approved acupuncture treatments; and medication management. The work status classification for this injured worker (IW) was noted to be back at work at prior duties. On 1/15/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/8/2011, for 4 additional acupuncture treatments, 2 x a week x 2 weeks, for the lumbar spine. The Medical Treatment Utilization Schedule, chronic pain medical treatment, acupuncture medical treatment guidelines; and the American College of Occupational and Environmental Medicine Guidelines, indications for acupuncture & limitations, low back complaints, were cited.

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 2 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X2 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 2x2 acupuncture treatments are not medically necessary.