MAXIMUS Federal Services

Case Number:	CM15-0026159		
Date Assigned:	02/18/2015	Date of Injury:	03/24/2014
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
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: Ohio
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 28 year old, male patient, who sustained an industrial injury on 03/24/2014. Supporting documentation showed the patient having undergone electrodiagnostic study of the bilateral lower extremity on 01/12/2015. The patient reported subjective complaint of low and mid back pain that radiated down the left leg into the foot. The pain is noted intermittently radiating down the right leg as well. He described numbness and tingling to the thighs. The leg pain is reported worse with driving and prolonged standing. Testing found an absent bilateral H-reflex which suggests a proximal lesion, possible a bilateral S1 radiculopathy. No electrodiagnostic evidence of entrapment neuropathy,lumbosacral plexopathy or generalized peripehral neuropahty. No evidence of any active lumbosacral radiculopathy. A request was made for 8 additional acupuncture sessions treating the lumbar spine. On, 01/30/2015, Utilization Review, non-certified the request, noting the CA MTUS, Acupuncture Guidelines was cited. The injured worker submitted an application for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture Therapy twice (2) per week for four (4) 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: The physician report dated 9/16/14, notes that the injured worker has received eight acupuncture visits which reportedly helped. The results of the previous acupuncture treatments are not documented. MTUS acupuncture medical treatment guidelines state that acupuncture treatments may be extended a functional improvement is documented. Based on the MTUS guidelines and the lack of objective functional improvement, the request for additional acupuncture therapy two times per week for four weeks for the lumbar spine is not medically necessary.