

Case Number:	CM15-0028363		
Date Assigned:	02/20/2015	Date of Injury:	11/17/2011
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/14/2015

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: 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 35 year old male, who sustained an industrial injury on 11/17/2011. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included conservative measures. Currently, the injured worker complains of low back pain. Tenderness to palpation was noted to the lumbar spine, with muscle spasms. Range of motion was decreased. Kemp's sign was positive. The records referenced a prior course of acupuncture, but did not provide specific dates or results. It was noted that it did not help much, per Orthopedic Qualified Medical Re-evaluation dated 10/01/2014. Current medications included Cyclobenzaprine, Gabapentin, Norco, and Naproxen. Magnetic resonance imaging reports were not submitted. On 1/14/2015, Utilization Review non-certified a request for 8 acupuncture sessions (2x week x4 weeks) for the lumbar spine, noting the lack of compliance with MTUS Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for 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 guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Extensive acupuncture was performed in the past without reporting any benefits obtained, consequently additional acupuncture is not supported for medical necessity by the guidelines-MTUS.