

Case Number:	CM15-0028389		
Date Assigned:	02/20/2015	Date of Injury:	04/01/2014
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/15/2015

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 55 year old female who sustained a work related injury April 1, 2014, with complaints of back pain radiating down the right leg. X-ray of the lumbar spine, dated April 2, 2014, reveals mild worsening of multilevel mild degenerative disc disease (report present in medical record). She was treated with medication and physical therapy. According to a treating physician's office visit notes dated January 28, 2015, the injured worker presented for a follow-up visit. On examination, there is paraspinal tenderness in the lumbar spine musculature and decreased flexion 50 degrees, decreased extension 30 degrees. The straight leg raising test is positive at 60 degrees in a sitting position. Diagnoses are documented as; lumbago; thoracic or lumbosacral neuritis or radiculitis; chronic pain syndrome; lumbosacral spondylosis without myelopathy and right hip osteoarthritis. Treatment includes request for Acupuncture and medications. Work status is documented as full duty without restrictions. According to utilization review dated February 5, 2015, the request for Acupuncture x (9) is non-certified citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 9 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances (patient is working full duties), the request is seen as excessive, therefore not supported for medical necessity.