

Case Number:	CM15-0029395		
Date Assigned:	02/23/2015	Date of Injury:	10/01/2008
Decision Date:	04/06/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/18/2015

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 60 year old female, who sustained an industrial injury on 10/01/2008. The diagnoses have included lumbar degenerative disc disease. Noted treatments to date have included physical therapy, acupuncture, psychotherapy, and medications. No MRI report noted in received medical records. In a progress note dated 02/03/2015, the injured worker presented with complaints of low back pain. The treating physician reported that physical therapy did not help the injured worker, but acupuncture has helped with pain. Utilization Review determination on 02/16/2015 non-certified the request for Additional Acupuncture Treatment, 6 sessions, lumbar spine citing Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture treatment, Lumbar spine # 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient received 6 acupuncture sessions and was reported to reduce pain. Although, it was noted that acupuncture helped reduce pain, there was no documentation of functional improvement from prior acupuncture session. Therefore, the provider's request for 6 additional acupuncture sessions to the lumbar spine is not medically necessary at this time.