

Case Number:	CM15-0213445		
Date Assigned:	11/03/2015	Date of Injury:	10/19/1999
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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, Montana
 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 10-19-1999. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy, lumbar spinal stenosis, lumbago and right sided sacroiliitis. A recent progress report dated 9-9-2015, reported the injured worker complained of low back pain with right lower extremity pain, rated 6 out of 10. Physical examination revealed positive left straight leg raise test and antalgic gait. Treatment to date has included epidural steroid injection without relief, TENS (transcutaneous electrical nerve stimulation) without relief, 10 visits of acupuncture without relief, 2 back surgeries, 10 physical therapy visits with moderate relief, home exercise program and medication management. The physician is requesting Acupuncture with electrical stimulation, 2x6 #12, right lower extremity. On 10-19-2015, the Utilization Review non-certified the request for Acupuncture with electrical stimulation, 2x6 #12, right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with electrical stim, 2x6 #12, right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, 12 acupuncture treatments are not medically necessary.