

Case Number:	CM15-0217577		
Date Assigned:	11/09/2015	Date of Injury:	11/27/1995
Decision Date:	12/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	11/04/2015

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 53 year old male who sustained an industrial injury on 11-27-1995. According to a progress report dated 09-11-2015, the injured worker reported intermittent left shoulder pain, constant low back pain radiating down the anterior thighs and shins with numbness in the feet and toes, and bilateral knee pain. Assessment included L4-5 lateral recess stenosis, right greater than left L5 radiculopathy, right knee bone-on-bone degenerative joint disease and left knee degenerative joint disease mild. The provider noted that an MRI from June 2015 showed disc height loss at L5-S1, moderate facet arthropathy from L3-S1 bilaterally resulting in moderate right lateral recess stenosis at L5-S1 and mild to moderate bilateral lateral recess stenosis at L4-5. The treatment plan included chiropractic treatment and acupuncture. If there was no improvement, a bilateral decompression of L4-5 and right L5-S1 would be considered. The injured worker received an injection to the left subacromial space. Authorization was being requested for post-injection physical therapy for the left shoulder. Written prescriptions included Medrol Dose pack. Follow up was indicated in 4-6 weeks. On 09-29- 2015, Utilization Review modified the request for acupuncture 1x per week for 6 weeks to the lumbar spine to certifying 4 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x per week for 6 weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial of four visits authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. Therefore further acupuncture is not medically necessary.