

Case Number:	CM15-0220596		
Date Assigned:	11/13/2015	Date of Injury:	11/19/2012
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/09/2015

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 56 year old male, who sustained an industrial injury on 11-19-12. The documentation on 10-9-15 on the Therapy Specialists Progress Evaluation noted that the injured worker has complaints of increased lower back pain recently for an unidentified reason. The injured worker notes his neck pain has been getting better each week but is still present. The injured worker noted improving upper extremity activity daily living participation but he states prolonged walking or standing and forward bending aggravate his lower back pain. There is tenderness in the left and right mid lumbar paraspinal, left and right lower paraspinal and left and right lumbosacral paraspinal muscles have pain as well. The injured worker has positive straight leg raise on the right side and decreased range of motion in the neck and lower back with pain. The diagnoses have included lumbago. Treatment to date has included steroid injections; physical therapy and acupuncture. The original utilization review (11-2-15) non-certification the request for continued acupuncture 2x week x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Acupuncture 2xWk x 4Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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." Despite that an unknown number of prior acupuncture sessions were rendered, no reporting of any significant functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 8 is not medically necessary.