

Case Number:	CM15-0221893		
Date Assigned:	11/17/2015	Date of Injury:	12/22/2012
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/11/2015

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:

This injured worker is 54-year-old female who reported an industrial injury on 12-22-2012. Her diagnoses, and or impressions, were noted to include: lumbosacral myoligamentous strain versus lumbar discopathy-radiculopathy; thoracic strain secondary to lower back injury. X-rays of the lumbar spine were done on 9-19-2015 noting occult segmental lumbar instability; early lumbar facet joint arthritis; and a left spinal list; MRI of the lumbar spine was done on 11-4-2015 (after this Utilization Review). Her treatments were noted to include: medication management with toxicology studies; and a return to full duty work. The initial orthopedic progress notes of 9-19-2015 reported: constant lower back pain, rated 8 out of 10, that radiated to her feet, was associated with numbness-tingling in her legs and sometimes into her upper-back and neck; and interfered with sleep. The objective findings were noted to include: a decreased lumbar lordosis with diffuse tenderness, and spasms, in the lumbar paravertebral muscles, and limited range-of-motion; mild, diffuse tenderness of the cervical and thoracic region; decreased sensation the right lower extremity; absent patellar and Achilles tendons on the right and decreased on the left; and that her medical records were not available for review at this visit. The physician's requests for treatment were noted to include 8 sessions of physical therapy, but not for acupuncture treatments. No request for acupuncture treatments was noted in the medical records provided. The Utilization Review of 10-28-2015 non-certified the request for 12 acupuncture treatments, 2 x a week x 6 weeks, for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 weeks for the lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.