

Case Number:	CM15-0221964		
Date Assigned:	11/17/2015	Date of Injury:	05/19/2003
Decision Date:	12/30/2015	UR Denial Date:	11/09/2015
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, 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 48 year old male who sustained an industrial injury on 05-19-2003. A review of the medical records indicated that the injured worker is undergoing treatment for intervertebral disc degeneration. The injured worker is status post discectomy L5 and S1 in 2003. According to the treating physician's progress report on 10-27-2015, the injured worker continues to experience low back pain with intermittent radiating pain to the right lower extremity. Examination demonstrated paraspinous tenderness and spasm with mild decrease in range of motion due to pain and stiffness. Prior treatments have included diagnostic testing, surgery, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit and acupuncture therapy (19 sessions as of 10-24-2015). The injured worker is currently not taking medications and is continuing to work. Treatment plan consists of continuing with home exercise program, transcutaneous electrical nerve stimulation (TENS) unit and the current request for continued acupuncture therapy times 10 sessions. On 11-19-2015 the Utilization Review determined the request for acupuncture therapy times 10 sessions was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) acupuncture visits: 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 10 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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, 10 acupuncture treatments are not medically necessary.