

Case Number:	CM15-0030602		
Date Assigned:	02/24/2015	Date of Injury:	04/30/2002
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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 44 year old male, who sustained an industrial injury on 4/30/02. He has reported low back pain after injury. The diagnoses have included lumbar radiculopathy bilaterally and intractable pain. Treatment to date has included medications, surgery, diagnostics, Home Exercise Program (HEP). Surgery has included lumbar discectomy. Currently, the injured worker complains of chronic low back pain with throbbing and associated numbness to left thigh/calf. The pain is rated 6/10 on pain scale. He also reports that the flaring pain has severe impact on his sleep getting only 2-3 hours sleep at night. He has tapered the opioids. Physical exam revealed decreased range of motion to the lumbar spine, no motor deficits in the legs and hyporflexic. Treatment was for medications, Home Exercise Program (HEP) and acupuncture. There was no previous therapy sessions noted and no recent diagnostics noted. On 2/11/15 Utilization Review non-certified a request for Acupuncture Qty: 8, noting the (MTUS) Medical Treatment Utilization Schedule acupuncture medical treatment guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, 8 exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 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. Eight visits of acupuncture are not medically necessary.