

Case Number:	CM15-0032208		
Date Assigned:	02/25/2015	Date of Injury:	11/16/1999
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/20/2015

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 40 year old female, who sustained an industrial injury on 11/16/1999. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post lumbar fusion, post laminectomy pain syndrome, lumbar/sacral degenerative radiculopathy, and lumbar degenerative disc disease. Treatment to date has included medication regimen, acupuncture, multiple lumbar surgeries, and therapy. In a progress note dated 02/06/2015 the treating provider reports pain to the legs and low back with a pain rating of a seven on a scale of one to ten. The treating physician requested the treatment of acupuncture, but the documentation did not indicate the specific reasons for the request of acupuncture for the injured worker. On 02/12/2015 Utilization Review non-certified the requested treatment of acupuncture one time a week for ten weeks, noting the California Medical Treatment Utilization Schedule; American College of Occupational and Environmental Medicine Practice Guidelines, 2nd Edition (2004); and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 Time A Week for 10 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had prior acupuncture care. However, there was no documentation of functional improvement from the prior acupuncture care. Therefore, the provider's request for 10 acupuncture session is not medically necessary at this time.