

Case Number:	CM15-0032513		
Date Assigned:	02/26/2015	Date of Injury:	10/30/2014
Decision Date:	04/10/2015	UR Denial Date:	01/20/2015
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 63-year-old male, who sustained a work related injury on 10/30/14. He was pushed in the face and then pushed backwards, fell striking his low back. The diagnosis has included lumbar strain/sprain. Treatments to date have included physical therapy, MRI lumbar spine dated 12/10/14 and activity modification. In the PR-2 dated 11/25/14, the injured worker complains of intermittent low back pain. He rates this pain a 5/10. He has occasional pain that radiates down into both legs. The pain is made worse by activity. There is tenderness to palpation of lumbar musculature with spasms. On 1/20/15, Utilization Review non-certified a request for acupuncture 3 times 4 sessions to lumbar spine. The California MTUS, Chronic Pain 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 3 times 4 sessions to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the submitted documents, it appears that the patient has not received acupuncture treatment in the past. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends an initial trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. The provider's request of 12 acupuncture sessions to the lumbar spine exceeds the guidelines recommendation of 3-6 sessions. Therefore, the provider's request is not consistent with the evidence-based guidelines and therefore, the provider's request is not medically necessary at this time.