

Case Number:	CM15-0032591		
Date Assigned:	02/26/2015	Date of Injury:	09/09/2014
Decision Date:	04/10/2015	UR Denial Date:	01/29/2015
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 57-year-old male who sustained an industrial injury on 09/09/2014. Current diagnosis was not included. Previous treatments included medication management, physical therapy, interferential unit, and functional capacity evaluation. Report dated 02/02/2015 noted that the injured worker presented with complaints that included low back pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/29/2015 non-certified a prescription for acupuncture, 2 times per week for 6 weeks for the lumbar, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 6Wks for the lumbar: 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 recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. There was no evidence of prior acupuncture care. A trial of acupuncture care is reasonable at this time. The provider modified the acupuncture to 6 sessions in the report dated 2/5/2015. Unfortunately, this review is for 12 acupuncture sessions. The provider's request exceeds the guidelines recommendation for an initial trial and therefore is inconsistent with the evidence-based guidelines. The provider's request for 12 acupuncture sessions is not medically necessary at this time.