

Case Number:	CM15-0032592		
Date Assigned:	02/26/2015	Date of Injury:	10/28/1996
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
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 61 year old male, who sustained an industrial injury on October 28, 1998. He has reported low back pain and lower extremity pain. The diagnoses have included left sacroiliac joint syndrome, lumbar fusion, reactive depression secondary to pain, erectile dysfunction secondary to chronic pain, left knee pain and lumbosacral foraminal stenosis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies, pain medication, and work restrictions. Currently, the IW complains of reported low back pain and lower extremity pain. The injured worker reported an industrial injury in 1998, resulting in chronic back and lower extremity pain. He was treated conservatively and surgically without resolution of the pain. Evaluation on July 29, 2014, revealed continued pain. It was noted he was no longer taking daily walks or able to perform activities of daily living secondary to non-coverage of prescription medications. Evaluation on January 13, 2015, revealed continued back pain. Steroid injections and acupuncture were requested. Medications were renewed. On January 30, 2015, Utilization Review non-certified a Acupuncture x6 sessions, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of requested Acupuncture x6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 6 acupuncture treatments are not medically necessary.