

Case Number:	CM15-0032618		
Date Assigned:	02/26/2015	Date of Injury:	11/28/2012
Decision Date:	04/09/2015	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 48 year old female, who sustained an industrial injury on November 28, 2012. She has reported injury to the thoracic and lumbar spinal cord. The diagnoses have included spondylolisthesis L5 on S1, lumbar spondylosis, thoracic myofascial pain and reactive depression/anxiety. Treatment to date has included lumbosacral orthosis, acupuncture and medications. Acupuncture to date was noted to diminish pain and improve range of motion as well as improve tolerance to standing and walking. On December 5, 2014, the injured worker complained of low back pain rated a 6 on a 1-10 pain scale and thoracic pain rated a 5/10 on the pain scale. She reported using a lumbosacral orthosis greater than 5 days per week to facilitate improved tolerance to standing and walking. She reported it no longer fastens due to weight gain. Lumbar range of motion was flexion 60 degrees, extension 50 degrees, left and right lateral tilt 50 degrees and left and right rotation 40 degrees. Thoracic range of motion was limited due to pain. On January 20, 2015, Utilization Review non-certified 6 sessions of acupuncture therapy with modalities for the lumbar spine as outpatient, noting non-MTUS guidelines. On February 20, 2015, the injured worker submitted an application for Independent Medical Review for review of 6 sessions of acupuncture therapy with modalities for the lumbar spine as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions acupuncture therapy with modalities for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 2x3 acupuncture treatments are not medically necessary.