

Case Number:	CM15-0034013		
Date Assigned:	02/27/2015	Date of Injury:	10/18/2011
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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 44 year old male, who sustained an industrial injury on October 18, 2011. The diagnoses have included lumbar strain. Treatment to date has included trigger point injections, physical therapy, home exercise program (HEP), radiofrequency neurotomy on the right side, and medications. Currently, the injured worker complains of low back pain. The Treating Physician's report dated February 4, 2015, noted the injured worker had an excellent response to one of two trigger point injections administered at the previous visit, with the left side back pain completely resolved, and the right side low back pain with only mild improvement. Physical examination was noted to show a focal area of spasm on the right lumbar region that was tender to palpation. On February 18, 2015, Utilization Review non-certified acupuncture two (2) times a week for five (5) weeks, noting that it was not evident from the medical records submitted for review that additional acupuncture was medically necessary for the injured worker. The MTUS Acupuncture Medical Treatment Guidelines was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of acupuncture two (2) times a week for five (5) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested 2X5 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits (if any administered). 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, 2x5 acupuncture treatments are not medically necessary.