

Case Number:	CM15-0034171		
Date Assigned:	03/02/2015	Date of Injury:	08/12/2013
Decision Date:	04/22/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 45-year-old female, who sustained an industrial injury on 8/12/13. She reported back injury. The injured worker was diagnosed as having musculoligamentous sprain/strain, lumbosacral spine and retrolisthesis L4-5 and l5-S1 with marked degenerative disc disease at l5-S1. Treatment to date has included lumbar disc surgery, physical therapy and oral medication. Currently, the injured worker complains of improved low back pain with sporadic left lower extremity numbness and tingling on occasion. The injured worker states she is doing well with acupuncture and muscle spasms are better with muscle relaxants. Physical exam dated 10/15/14 revealed mild lumbar tenderness. The treatment plan consisted of refilling medications and post op physical therapy, 2 visits 6 times per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture 2 times a week for 6 weeks for the lumbar area: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 sessions per week for six weeks is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 12 sessions and there was also no documentation of the patient's response to previous acupuncture treatment except for a nonspecific statement about improvement in ADLs which was not further detailed. Because of these reasons, the request is not medically necessary.