

Case Number:	CM15-0035504		
Date Assigned:	03/04/2015	Date of Injury:	05/23/2006
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 66 year old male, who sustained an industrial injury on May 23, 2006. He has reported lower back pain, bilateral leg pain, knee pain and shoulder pain. The diagnoses have included lower back pain, bilateral leg pain, knee pain and shoulder pain. Treatment to date has included medications, injections, acupuncture, epidural steroid injection, and imaging studies. A progress note dated January 20, 2015 indicates a chief complaint of continued lower back pain. Physical examination showed lumbar spine tenderness and decreased range of motion, and positive straight leg raises. The treating physician requested physical therapy for twelve sessions and acupuncture for eight sessions. On February 4, 2015 Utilization Review certified the request for physical therapy and denied the request for acupuncture citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and American College of Occupational and Environmental Medicine Guidelines. On February 25, 2015, the injured worker submitted an application for IMR of a request for acupuncture for eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with [REDACTED] (x8): 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: The guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments. Also the guidelines could support extension of acupuncture care for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. An unknown number of prior acupuncture sessions were completed in the past and although the provider stated that such care was beneficial, no specifics were reported. The guidelines will not support additional acupuncture care without clear evidence of significant, objective functional improvement obtained with previous acupuncture. In addition the request is for acupuncture x 8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.