

Case Number:	CM15-0036425		
Date Assigned:	03/04/2015	Date of Injury:	12/23/2011
Decision Date:	04/17/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/26/2015

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 33 year old female, who sustained an industrial injury on December 23, 2011. She reported a back injury. The injured worker was diagnosed as having lumbar sprain/strain, cervical sprain/strain. Treatment to date has included magnetic resonance imaging. Currently, on February 4, 2015, the injured worker complains of low back pain. She rates her pain as 9/10 on a pain scale. She reports not using any oral pain medications due to the fact she is currently breast-feeding. The physical findings are noted to be tenderness in the lumbar region. Range of motion of the lumbar spine is: forward flexion 30 degrees, extension 10 degrees, right and left lateral flexion 15 degrees. She has no abnormal gait and does not use ambulatory assistive devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 6 weeks to cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the medical records, the current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. However, the provider's request for 12 acupuncture to the cervical and lumbar spine exceeds the acupuncture medical treatment guidelines for an initial trial. Therefore, the provider's request for 12 acupuncture sessions is not medically necessary at this time.