

Case Number:	CM15-0038179		
Date Assigned:	03/06/2015	Date of Injury:	06/14/2012
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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 53-year-old female who sustained an industrial injury on 6/14/12. The injured worker reported symptoms in the back and lower extremity. The diagnoses included lumbar disc displacement without myelopathy. Treatments to date include epidural steroid injection, physical therapy, oral pain medications, and psychiatric treatment and activity modifications. In a progress note dated 1/16/15 the treating provider reports the injured worker was with "low back pain with radiation into both hips and legs, left greater than right."

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement would have been reasonable

and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.