

Case Number:	CM15-0038369		
Date Assigned:	03/09/2015	Date of Injury:	12/12/2011
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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 57-year-old female, who sustained an industrial injury on December 12, 2011. The injured worker had reported a low back injury. The diagnoses have included lumbar sprain/strain and chest wall contusion. Treatment to date has included medications, a steroid injection and acupuncture treatments. Current documentation dated January 26, 2015 notes that the injured worker complained of low back pain and bilateral hip pain. The documentation notes that there had been some improvement in symptoms since the last examination. The injured worker had received a course of acupuncture treatments, which helped her pain and allowed her to function. Physical examination of the lumbar spine revealed tenderness and spasms of the paraspinal muscles and a restricted range of motion. A straight leg raise test was positive bilaterally. On February 5, 2015 Utilization Review non-certified a request for acupuncture three times a week for four weeks to the back and hips. The MTUS, Acupuncture Medicine Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 with massage to the lower back and hips: Upheld

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

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 to 6 treatments. The same guidelines read extension of acupuncture care could be supported 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. Despite that an unknown number of prior acupuncture sessions performed were reported as beneficial, no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.