

Case Number:	CM15-0038471		
Date Assigned:	03/09/2015	Date of Injury:	03/09/2014
Decision Date:	04/21/2015	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: 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 37 year old male, who sustained an industrial injury on March 9, 2014. He has reported a back injury. The diagnoses have included lumbosacral sprain, and lumbar disc displacement with myelopathy. Treatment to date has included imaging, ice applications, bracing, work restrictions, chiropractic treatment, medications, and 6 completed acupuncture visits. Currently, the IW complains of continued lumbar pain with radiation into the left leg and associated numbness. The records indicate he has decreased range of motion along with decreased sensation in the lumbar spine area. He rates his pain as leg pain 5/10, and low back pain 3/10. There is noted tenderness in the thoracolumbar spine and paravertebral muscles. The provider notes a restricted range of motion as: flexion to fingertips approximately the knee, extension 15 degrees, lateral flexion left and right 45 degrees, lateral rotation bilaterally 30 degrees. On February 5, 2015, Utilization Review non-certified additional outpatient acupuncture to the lumbar spine, two times weekly for three weeks. The Acupuncture guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of additional outpatient acupuncture to the lumbar spine, two times weekly for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional acupuncture to the lumbar spine two (2) times a week for three (3) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2x3 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.