

Case Number:	CM15-0041705		
Date Assigned:	03/11/2015	Date of Injury:	09/08/2008
Decision Date:	04/21/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/05/2015

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 60-year-old female with an industrial injury dated September 8, 2008. The injured worker diagnoses include lumbar spine stenosis, lumbar spine radiculopathy, multilevel lumbar spine disc protrusion, lumbar degenerative disc disease, and L4-L5 facet arthropathy. She has been treated with diagnostic studies, prescribed medications, acupuncture therapy and periodic follow up visits. According to the progress note dated 2/2/2015, the injured worker reported lumbar spine pain. Physical exam revealed positive toe/heel walk and positive paraspinal tenderness to percussion. The provider is requesting acupuncture because it keeps the claimant "mobile, flexible, and decreases her overall level of pain." She is not working. Treatment plan consists of additional acupuncture therapy for lumbar spine. Per a prior review, the provider agreed that there was objectively not much improvement despite the patient reporting improvement. She has had 26 acupuncture sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: 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: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had extensive prior acupuncture of at least 26 sessions with only subjective benefit. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.