

Case Number:	CM15-0042075		
Date Assigned:	03/12/2015	Date of Injury:	05/12/2013
Decision Date:	04/22/2015	UR Denial Date:	02/03/2015
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(n) 25 year old female, who sustained an industrial injury on 5/12/13. She reported pain in the lower back related to pulling a heavy object. The injured worker was diagnosed as having lumbago and lumbar radiculopathy. Treatment to date has included lumbar MRI and pain medications. As of the PR2 dated 12/30/14, the injured worker reports lower back pain that radiates to the right leg and causes numbness and tingling. The treating physician noted sciatic notch tenderness on the right side and diminished sensation in the S1 dermatomes of the lower extremities. The treating physician requested acupuncture therapy x 9 visits. Three acupuncture visits were authorized as a trial on 2/3/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy 9 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Opioids (Hydrocodone): Manipulation Page(s): 75, 78 and 58.

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 prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, nine visits exceeds the recommended guidelines for an initial trial. Therefore, the request is not medically necessary.