

Case Number:	CM15-0042242		
Date Assigned:	03/12/2015	Date of Injury:	01/06/2013
Decision Date:	05/07/2015	UR Denial Date:	02/09/2015
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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female, who sustained an industrial injury on 01/06/2013. She reported injury to her low back and left foot. Treatment to date has included an injection, spine surgery, acupuncture and therapy. According to the most recent progress report submitted for review and dated 12/17/2014, the injured worker complained of pain in the lower back with radiation to the left leg, pain in the left foot that was associated with numbness and tingling in the left foot and weakness in the left leg and left foot. Pain level was rated 8 on a scale of 1-10. Diagnoses included displacement of lumbar intervertebral disc without myelopathy, postlaminectomy syndrome lumbar region. The treatment plan included acupuncture and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Acupuncture, lumbar spine. The treating physician states, "Authod another 9 sessions. Had 4 times acupuncture for a total of 4 visits- very helpful." (3B) The Acupuncture Medical Treatment guidelines supports acupuncture treatment for the requested body parts and states, "Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented." In this case, the treating physician has documented that the patient has already completed 4 sessions of acupuncture with some improvement but requested an amount, which would exceed the guidelines. Additionally, in the formal request the duration and frequency is not documented making this request invalid. The current request is not medically necessary and the recommendation is for denial.