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| Case Number: | CM15-0043204 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 02/21/2008 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old female, who sustained an industrial injury on 2/21/2008. The current diagnoses are lumbar disc displacement and lumbosacral neuritis. According to the progress report dated 10/24/2014, the injured worker complains of intermittent low back pain associated with tingling in the right leg. The pain is rated 8/10 on a subjective pain scale. Treatment to date has included medication management and electrodiagnostic testing. The plan of care includes 8 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times four: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for intermittent low back pain with lower extremity radicular symptoms. Treatments have included medications. Guidelines recommend acupuncture as an option as an adjunct to

physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations and there is no evidence of a planned physical rehabilitation program. Therefore, the requested acupuncture treatments were not medically necessary.