

Case Number:	CM15-0045606		
Date Assigned:	03/19/2015	Date of Injury:	02/11/2009
Decision Date:	04/23/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/10/2015

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 34-year-old female, who sustained an industrial injury on February 11, 2009. She reported lower back pain after lifting a heavy object. The injured worker was diagnosed as having lumbar sprain/strain, lumbosacral or thoracic neuritis or radiculitis unspecified and myofascial pain. Treatment to date has included acupuncture, physical therapy, TENS unit, exercise and medication. On February 18, 2015, the injured worker complained of lower back pain rated as a 3-4 on a 1-10 pain scale in severity. The pain is alleviated with physical therapy and acupuncture. An epidural injection was noted to be scheduled. The treatment plan included medications, TENS unit, exercise, acupuncture, physical therapy epidural steroid injection and follow-up visit. She is requesting acupuncture because she likes to go once a week. Records indicate the claimant had acupuncture treatments in 2009, 2010 and 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Integrated

Treatment/Disability Duration Guidelines Low Back - Lumber & Thoracic (Acute & Chronic)
Updated 01/30/15 Online Version Acupuncture.

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 of unknown but extensive quantity and duration. Although the provider states there was subjective benefit, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.