

Case Number:	CM15-0046916		
Date Assigned:	03/19/2015	Date of Injury:	01/31/2013
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/12/2015

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 59 year old male injured worker suffered an industrial injury on 1/31/2013. The diagnoses were sciatica, lumbar strain, depression and lumbar radiculopathy. The treatments were medications and chiropractic therapy. The treating provider reported tenderness to the lumbar muscles with left sided spasms. The injured worker complained of low back pain that was greater on the left with radiations along with numbness to the anterior aspect of the thigh and reported he has been falling. The requested treatment was acupuncture, lumbar spine, 16 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture lumbar spine 16 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends acupuncture for chronic pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. The patient was authorized 6 out of the 16

acupuncture requested. There was no evidence of prior acupuncture care; therefore, the utilization reviewer's decision to authorize 6 out of the 16 acupuncture sessions is consistent with guidelines for an initial trial of acupuncture. There was no documentation of objective functional improvement from the 6 authorized acupuncture sessions. Therefore, the provider's request for 16 acupuncture sessions to the lumbar spine is not medically necessary at this time.