

Case Number:	CM15-0047039		
Date Assigned:	03/19/2015	Date of Injury:	04/28/2000
Decision Date:	04/24/2015	UR Denial Date:	02/21/2015
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 51 year old male injured worker suffered an industrial injury on 4/28/2000. The diagnoses were traumatic musculoligamentous strain of the cervical and lumbar spine, herniated ruptured lumbar disc, failed back syndrome with radiculitis. The diagnostic study was cervical magnetic resonance imaging. The injured worker had been treated with lumbar laminectomy and discectomy, medications, and home exercise program. On 2/4/15 the treating provider reported continued complaints of neck and lower back pain 8/10 with difficulty with prolonged sitting and repetitive bending and stooping. He reported numbness to the upper extremities. On exam there was tenderness over the cervical spine with spasms and decreased sensation and impaired gait. There was tenderness of the lumbar spine with decreased range of motion and sluggish reflexes in the lower extremities. The claimant had prior acupuncture in 2003, 2004. Per a PR-2 dated 11/9/2005, the claimant was referred for acupuncture for his low back twice a week which was not helpful. Per a PR-2 dated 3/25/2015, the claimant has continued neck and lower back pain. He is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Acupuncture: Upheld

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

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 quantity and duration and with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.