

Case Number:	CM15-0048110		
Date Assigned:	03/20/2015	Date of Injury:	08/01/2012
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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:

This 40 year old male sustained an industrial injury on 8/1/12. He subsequently reported lumbar back pain. Diagnoses include lumbar degenerative disc disease, lumbar spine disc herniation and radiculitis to the extremities. Diagnostic testing has included x-rays and MRIs. Treatments to date have included Acupuncture and prescription pain medications. The injured worker continues to experience neck and back pain. A request for Acupuncture 3 times a week for 6 weeks for the cervical and lumbar spine was made by the treating physician. Per a prior review, the claimant has had 30 prior authorized sessions. Per a PR-2 dated 12/5/2015, the claimant has lumbar radicular pain, posttraumatic stress disorder, and severe depression. This is made better with Acupuncture and worse by bending forward. Per a PR-2 dated 2/23/2015, the claimant continues to complain of pain in the neck and back. He has not received authorization for the requested Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 6 weeks for the cervical and lumbar spine: 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 at least 30 sessions with subjective temporary benefit. However, the provider fails to document objective functional improvement associated with Acupuncture treatment. Therefore, further Acupuncture is not medically necessary.