

Case Number:	CM15-0048353		
Date Assigned:	03/20/2015	Date of Injury:	05/01/2001
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
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 70 year old male sustained an industrial injury to the low back on 5/1/01. Previous treatment included magnetic resonance imaging, electromyography, acupuncture and medications. In a PR-2 dated 1/29/15, the injured worker presented for evaluation of low back pain. The injured worker had been attending acupuncture. The injured worker reported that when he was able to attend acupuncture twice a week, he achieved a decrease in pain by 50%, allowing him to be extremely functional and cut out all narcotic medications. Physical exam was remarkable for slow ambulation with a mild antalgic gait using a cane and tenderness to palpation to the lumbar spine paraspinal musculature. Current diagnoses included chronic low back pain with multilevel degenerative disc disease, lumbar spinal stenosis and lumbar facet hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended with documentation of functional improvement. The patient has chronic low back pain. The provider reported that the patient's pain was decreased by 50% and allows him to be extremely functional with acupuncture. It was also noted that the patient has improved capacity to get out and socialize with his wife and go out and enjoy friends and family. Also per the provider's report dated 1/29/2015, the patient was able to cut out all narcotic pain medication with acupuncture treatment. Based on the reported elimination of narcotic use and functional improvement, additional acupuncture session is warranted at this time. Therefore, the provider's request for 6 additional acupuncture session is medically necessary at this time.