

Case Number:	CM15-0048533		
Date Assigned:	03/20/2015	Date of Injury:	09/11/2011
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
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:

The injured worker is a 46 year old male who sustained an industrial injury on September 11, 2011. The injured worker was diagnosed with lumbosacral sprain, mild multi-level lumbar degenerative changes, and acquired spondylolisthesis. Past treatments included bilateral L5-S1 transforaminal epidural steroid injection, (ESI) in September 2012 and October 2013, bilateral facet injections January 2013, acupuncture therapy (4 sessions), physical therapy, home exercise program and medications. Diagnostic studies include X-rays, magnetic resonance imaging (MRI) and Electromyography (EMG). According to the primary treating physician's progress report on January 23, 2015, the patient continues to experience chronic low back pain that radiates to the lower extremities. The injured worker is able to work and tolerates it well. He states he has completed 4 sessions of acupuncture therapy and it was not beneficial. The injured worker declined oral pain medication and is using topical creams. The injured worker is Permanent and Stationary (P&S). Treatment plan consists of continuing with Diclofenac topical, staying active, home exercise program and the current request for acupuncture therapy time 8 sessions. Per an acupuncture progress report dated 12/17/14, the claimant is making slow but steady progress with reduction of pain and fewer spikes of pain. She states that the pain is the same and no drastic changes yet. She can walk and stand a little longer. Per a PR-2 dated 12/12/2014, the claimant has attended 3/12 sessions of acupuncture but he is not sure it has been helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8 visits lumbar: 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 with no benefit according to his primary treating physician. The acupuncturist states some very minor subjective improvement. Since, the providers are conflicting and fail to document objective functional improvement associated with acupuncture treatment; further acupuncture is not medically necessary.