

Case Number:	CM15-0049094		
Date Assigned:	03/20/2015	Date of Injury:	02/24/2006
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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 66 year old male, who sustained an industrial injury on 02/24/2006. He has reported subsequent back and elbow pain and was diagnosed with late effects of lumbar sprain/strain and lateral epicondylitis. Treatment to date has included oral pain medication, physical therapy, acupuncture, pain injections and surgery. In a progress note dated 01/21/2015, the injured worker complained of right elbow, hand, low back and neck pain rated as a 5-7/10. Objective findings were notable for decreased range of motion and pain of the cervical and lumbar spine with hypertonicity and spasms and moderate tenderness. The physician noted that acupuncture for the lower back was being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial period of Acupuncture 1 time per week for 4 weeks for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 4 acupuncture sessions which were non-certified by the utilization review. Patient has had 29 acupuncture sessions, which exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. No additional acupuncture care exceeding the guidelines is supported for medical necessity due to lack of extraordinary circumstances documented. Per review of evidence and guidelines, 1X4 acupuncture treatments are not medically necessary.