

Case Number:	CM15-0049636		
Date Assigned:	03/23/2015	Date of Injury:	09/17/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
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: 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 63 year old female, who sustained an industrial injury on 9/17/2014. She reported falling while lifting a box above the head. Diagnoses include right lumbar-sacral sprain/strain. Treatments to date include medication therapy and physical therapy. Currently, they complained of back pain. On 2/2/15, the provider documented objective findings including decreased range of motion, bilateral L5-S1 right greater than left palpable trigger points. The plan of care included a request for acupuncture twice a week for three weeks in addition to medication therapy and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to lumbar 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support extension of acupuncture

care for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Although the patient was approved for six acupuncture sessions, it is unclear how many sessions were completed and the benefits obtained with such care, therefore an assessment of whether additional care is needed is unknown until the authorized care is completed and its benefits are evaluated. Consequently, additional acupuncture is not supported for medical necessity, at this time.