

Case Number:	CM15-0049768		
Date Assigned:	03/23/2015	Date of Injury:	08/01/2013
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
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 64 year old male, who sustained an industrial injury on 8/01/2013, while employed as a decorator. He reported pain in his low back and right buttock, while pushing heavy material, causing him to lose consciousness. The injured worker was diagnosed as having cervical/thoracic/lumbar strain/sprain, lumbar spine radiculopathy, and vertigo. Treatment to date has included conservative measures, including diagnostics, medications, physical therapy, acupuncture, and chiropractic. Currently, the injured worker complains of constant pain in his bilateral hands, constant headache with dizziness, constant cough, constant low back pain, intermittent neck pain, constant right hip pain, and constant bilateral shoulder pain. Physical exam noted blood pressure 126/66 and weight at 207 pounds. Exam of his head, ears, eyes, nose and throat was negative. Exam of the cervical and lumbar spines revealed tenderness and spasms at C2-7 and L1-5. Straight leg raise test was positive bilaterally. Current medications included Anaprox and Prilosec. The treatment plan included acupuncture (2x4). Notes from previous acupuncture sessions were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested additional 2X4 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.