

Case Number:	CM15-0050597		
Date Assigned:	03/24/2015	Date of Injury:	03/24/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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 47 year old female, who sustained an industrial injury on March 24, 2014. She reported low back and leg pain after a slip and fall. The injured worker was diagnosed as having lumbosacral sprain. Treatment to date has included physical therapy, medications, and work modification. On February 19, 2015, she was seen for continued low back and bilateral knee pain. The treatment plan included: request for acupuncture, pain management consultation, orthopedic consultation, psychiatric consultation, and functional capacity evaluation. The request is for 6 acupuncture therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of chronic low back pain which was moderate to severe. The pain increases with bending and decrease with sitting down to almost lying down on

a soft chair. In addition to the low back pain, the patient complained of bilateral knee pain. The patient reported that acupuncture helps to decrease pain temporarily and was able to do more activities of daily living. According to the acupuncture provider, the patient had improvement in the ability to feed himself and any other daily activities after each treatment. The acupuncture medical treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. Although the patient reported decrease pain with acupuncture therapy, there is no objective quantifiable documentation regarding functional improvement from prior acupuncture care. Therefore, the provider's request for 6 acupuncture session is not medically necessary at this time.