

Case Number:	CM15-0053878		
Date Assigned:	03/27/2015	Date of Injury:	09/18/2014
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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 48 year old male, who sustained an industrial injury on 09/18/2014. The initial complaints and/or mechanism of injury and diagnoses were not found in the medical records submitted. Treatment to date has included conservative care, medications, and chiropractic manipulation. Currently, the injured worker complains of continued left side lower back pain and left hip pain extending into the left posterior thigh that is worse with prolonged standing. The injured worker noted that previous chiropractic therapy helped reduce his pain level resulting in ability to be more active and do more things with less pain. Diagnoses include lumbar strain/sprain, lumbar radiculitis (rule out discopathy), and left hip strain/sprain. The treatment plan consisted of 4 sessions of acupuncture, continued home exercises, electrodiagnostic testing of the lower extremities, MRI of the left hip, and follow-up. Per a prior UR review dated 3/10/15, 6 acupuncture visits were certified in January 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: 4 sessions (lumbar spine): 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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. Therefore further acupuncture is not medically necessary.