

Case Number:	CM15-0054093		
Date Assigned:	03/27/2015	Date of Injury:	10/30/2011
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 October 30, 2011. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc injury and lumbar facet arthralgia. Treatment to date has included injection, medications, acupuncture and physical therapy. On February 18, 2015, the injured worker complained of low back pain. He noted that he continues to experience difficulty with prolonged sitting. Notes stated that he had six self-procured acupuncture sessions. He reported that they have helped decrease pain, decrease medication use and allowed him to tolerate activity at work easier. The treatment plan included acupuncture treatment, lumbar support, medications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in October 2011 and continues to be treated for low back pain. He has difficulty sitting and had sought acupuncture treatments on his own. After six treatments, he had improved work tolerance as well as decreased medication use. Guidelines recommend acupuncture as an option with extension of treatment if functional improvement is documented. In this case, there is evidence of both functional improvement and decreased medication use. Acupuncture may be more effective in individuals who are motivated to participate in treatments as in this case. The number of additional treatments being requested is within guidelines recommendations and therefore medically necessary.