

Case Number:	CM15-0054368		
Date Assigned:	03/27/2015	Date of Injury:	03/05/2012
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
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: 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 47 year old male, who sustained an industrial injury on 03/05/2012. He reported acute left side low back pain that radiated to the hip. Diagnoses include herniated nucleus pulposus of cervical and lumbar spine. Treatments to date include medication therapy, physical therapy, acupuncture and home exercise. Currently, they complained neck and low back pain rating 4-7/10 VAS. On 2/23/15, the physical examination documented tenderness in cervical spine and trapezius muscles. The lumbar spine was tenderness with decreased range of motion. The plan of care included additional acupuncture therapy for neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Neck and Low Back, 2 Times a week for 4 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 3-6 treatments and also states extension of acupuncture care could be supported

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". Despite that eight prior acupuncture sessions rendered were reported as beneficial in reducing symptoms, the patient continues symptomatic, taking narcotics and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 8, number that exceeds the guidelines recommendations without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not medically necessary.