

Case Number:	CM15-0055715		
Date Assigned:	04/01/2015	Date of Injury:	05/12/2000
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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 58-year-old male, who sustained an industrial injury on 05/12/2000. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies (including previous acupuncture), electrodiagnostic testing of the lower extremities, MRI of the lumbar spine, epidural steroid injections. Currently, the injured worker complains of continued intermittent and moderate low back pain. The injured worker reported that he had not received any acupuncture treatments in 3-4 months and that he had received significant benefit from this modality by deducing his pain and increasing his range of motion. The diagnoses include lumbar spine strain/sprain with radicular complaints, and MRI evidence of 4mm broad-based disc bulge at L3-L4 and L4-L5 with 3mm disc bulge at L2-L3. The treatment plan consisted of 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture treatments 2 times a week for 4 weeks for the lumbar spine as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss

Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 07/03/2014).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, additional 2X4 acupuncture sessions are not medically necessary.