

Case Number:	CM15-0056994		
Date Assigned:	04/01/2015	Date of Injury:	03/01/2013
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/25/2015

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 49-year-old male, who sustained an industrial injury on 3/1/2013. He reported a slip from a tree and being caught by a safety belt. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and enthesopathy of the hip. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, steroid injections, physical therapy and medication management. In a progress note dated 2/25/2015, the injured worker complains of low back pain with right hip pain and pain radiating to the groin. The treating physician is requesting nine acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Acupuncture therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends initial 3-6 visits with a frequency of 1-3 times a week over 1-2 months

to produce functional improvement. There was no evidence that the patient had acupuncture in the past. Therefore, a trial is warranted at this time. The patient was authorized 6 out of the 9 acupuncture visit requested. It is consistent with the guidelines for an initial trial. Acupuncture may be extended with documentation of functional improvement. Based on the guidelines and submitted documents, the provider's request for 9 acupuncture sessions exceeds the guidelines recommendation for an initial trial and therefore is not medically necessary at this time.