

Case Number:	CM15-0057369		
Date Assigned:	04/02/2015	Date of Injury:	08/28/2001
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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:

This 59 year old male sustained an industrial injury on 8/28/01. He subsequently reported back pain. Diagnoses include status post lumbar fusion, myofascial pain syndrome and lumbar radiculopathy. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. A request for Prospective: 6 Acupuncture Sessions was made by the treating physician. Per a prior review, the claimant had 8 acupuncture sessions certified on 7/7/14. Per a prior review dated 2/9/2014, the claimant completed 4/8 acupuncture sessions without any symptom relief. Two additional sessions were certified. Two acupuncture treatment was rendered on 9/17/2014 and 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: 6 Acupuncture Sessions: 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 of six visits from at least two different providers. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.