

Case Number:	CM15-0059046		
Date Assigned:	04/03/2015	Date of Injury:	10/11/2012
Decision Date:	07/08/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/27/2015

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 44 year old male who sustained an industrial injury on 10/11/112. Initial complaints and diagnoses are not addressed. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include low back pain radiating to the neck and both legs. Current diagnoses include lumbar annular tear, lumbar disc displacement and protrusion, lumbar facet hypertrophy, lumbar sprain/strain, and lumbar stenosis. In a progress note dated 02/09/15 the treating provider reports the plan of care as a typical cream, Norco, acupuncture, and chiropractic treatments to the lumbar spine. The requested treatments include acupuncture to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture for the Lumbar Spine 2x a week for 6 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care an acupuncture trial for pain management and function improvement could have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not medically necessary.