

Case Number:	CM15-0059077		
Date Assigned:	04/03/2015	Date of Injury:	04/02/1995
Decision Date:	05/07/2015	UR Denial Date:	03/02/2015
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: 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 70 year old male, who sustained an industrial injury on 04/02/1995. He has reported injury to the low back. The diagnoses have included low back pain; lumbar radiculitis; and chronic pain syndrome. Treatment to date has included medications, diagnostic studies, acupuncture, chiropractic, and physical therapy. Medications have included Tramadol-Acetaminophen and Omeprazole. A progress note from the treating physician, dated 02/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsened low back pain; pain is rated at 8/10 on the visual analog scale without medications, and 5/10 with medications; can only walk 3 or 4 blocks at a stretch; and cannot sit or stand more than 5 minutes. Objective findings have included swelling over the right facet joint of the L5-S1; restricted lumbar range of motion due to pain; and tenderness upon palpation of the lumbar paravertebral muscles. The provider noted that past chiropractic and physical therapy sessions were not helping; and past acupuncture had helped him for two months. The treatment plan has included the request for Acupuncture two times a week for three weeks (six sessions) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 3 weeks (6 sessions), lumbar: 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 of unknown quantity and duration and had subjective benefits of improvement for two months. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.