

Case Number:	CM15-0059128		
Date Assigned:	04/03/2015	Date of Injury:	10/05/2008
Decision Date:	05/08/2015	UR Denial Date:	03/04/2015
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 62-year-old male, who sustained an industrial injury on 10/05/2008. He has reported injury to the low back and right foot. The diagnoses have included lumbar disc displacement, chronic pain syndrome, and plantar fascial fibromatosis. Treatment to date has included medications, diagnostic studies, epidural steroid injection, acupuncture, functional restoration program, home exercise program, and surgical intervention. Medications have included Relafen, Ketamine cream, and Fentanyl patch. A progress note from the treating physician, dated 02/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of chronic low back and right foot pain; reduced pain and improved activities of daily living with buprenorphine sublingual medication; and acupuncture has helped with pain and function. Objective findings have included antalgic gait; tenderness to palpation of the right foot and ankle; mild swelling over the medial aspect of the right ankle; and guarding and pain with range of motion. The treatment plan has included the request for 12 sessions of acupuncture for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient was treated for low back pain. The patient received acupuncture in the past and it was noted to be beneficial. The patient noted overall improvement in function and pain control. It was noted that the patient was able to walk further and perform home exercises with less pain. However, there was no objective quantifiable documentation regarding functional improvement. Therefore, the provider's request for 12 additional acupuncture sessions for the low back is not medically necessary at this time.