

Case Number:	CM15-0060715		
Date Assigned:	04/06/2015	Date of Injury:	12/17/2007
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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 67 year old male, who sustained an industrial injury on December 17, 2007. He has reported lower back pain and leg pain. Diagnoses have included lumbar discogenic syndrome, lower back pain, sleep disturbance, lumbar radiculopathy, and myofascial pain. Treatment to date has included medications, acupuncture, and chiropractic care. A progress note dated February 26, 2015 indicates a chief complaint of lower back pain radiating to the lower extremities with numbness and tingling, and sleep issues. The treating physician documented a plan of care that included refill of medications and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has chronic low back pain with radiation down to the lower extremities with numbness and tingling. The Acupuncture Medical Treatment guidelines states

that acupuncture may be extended with documentation of functional improvement. The patient received acupuncture treatments in the past. It was reported that acupuncture was very helpful for managing neuropathic pain. The acupuncture provider noted that acupuncture increases range of motion and muscle strength. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture treatments. Therefore, the provider's request for 6 acupuncture session is not medically necessary at this time.