

Case Number:	CM15-0060787		
Date Assigned:	04/07/2015	Date of Injury:	08/01/2012
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/31/2015

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 41 year old male injured worker suffered an industrial injury on 08/01/2012. The diagnoses included chronic lumbar radicular pain, post-traumatic stress disorder and depression. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with acupuncture and medications. On 2/13/2015, the treating provider reported chronic low back pain, currently reporting the pain as 8/10 that radiated down both legs with numbness and tingling. The straight leg raise is positive. He reported he had significant improvement with acupuncture in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 18 sessions: 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. The patient received acupuncture treatments in the past. The provider reported that the patient had significant improvement with

acupuncture treatments in the past. The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. There was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 18 acupuncture sessions is not medically necessary at this time.