

Case Number:	CM15-0081226		
Date Assigned:	05/01/2015	Date of Injury:	07/17/2007
Decision Date:	06/04/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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 52 year old male, who sustained an industrial/work injury on 7/17/07. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar degenerative disc disease; wrist injury, fracture; and chronic pain. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, and home exercise program. Currently, the injured worker complains of low back pain that radiated to the lower extremities that was rated 7/10. Per the primary physician's progress report (PR-2) on 3/31/15, examination revealed tenderness with palpation in the lumbar region with decreased range of motion. Current plan of care included continuing of home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, and medication. The requested treatments include acupuncture of lumbar spine, bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions, Lumbar spine, Bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. ODG and ACOEM guidelines do not recommend acupuncture for bilateral wrists. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.