

Case Number:	CM15-0082480		
Date Assigned:	05/04/2015	Date of Injury:	05/05/2010
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female injured worker suffered an industrial injury on 05/05/2010. The diagnoses included lumbar spine sprain/strain with radicular complaints and lumbar discopathy. The injured worker had been treated with medications. On 4/1/2015 the treating provider reported low back pain rated as 8/10. On exam there was increased muscle tone and tenderness of the lumbar muscles and reduced range of motion. The treatment plan included Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times four for lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury more than five years ago and continues to be treated for nonradiating low back pain. When seen, pain was rated at 8/10. There was sciatic notch tenderness with decreased lumbar spine range of motion and tenderness with muscle spasms. There was a normal neurological examination. Authorization for physical

therapy and acupuncture was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.