

Case Number:	CM15-0082847		
Date Assigned:	05/05/2015	Date of Injury:	05/12/2011
Decision Date:	06/17/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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 54 year old female who sustained an industrial injury on 05/12/2011. The injured worker was diagnosed with lumbar sprain/strain, lumbar radiculopathy and lumbar facet dysfunction. Treatment to date includes diagnostic testing (lumbar MRI no date documented), physical therapy, home exercise program, injections and medications. The injured worker underwent bilateral sacroiliac (SI) joint injection on February 5, 2015 with reported minimal benefit. According to the primary treating physician's progress report on February 18, 2015, the injured worker continues to experience knots in her back and medications help, however she reports taking them infrequently. Examination of the lumbar spine demonstrated tenderness to palpation over the paraspinal muscles and sacroiliac (SI) joint with positive straight leg raise, Patrick's and facet loading tests. Sensation was intact with weakness noted in bilateral hip flexion. Current medications are listed as Tramadol and Baclofen. Treatment plan consists of urine drug screening, refill medications; continue with home exercise program, bilateral L3, L4 and L5 medial branch blocks with fluoroscopy for lumbar facet dysfunction and the current request for acupuncture therapy for 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.