

Case Number:	CM15-0084752		
Date Assigned:	05/07/2015	Date of Injury:	09/23/2014
Decision Date:	06/15/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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 66 year old male who sustained an industrial injury on 09/23/2014. Diagnoses include degeneration of lumbar intervertebral disc, lumbar disc protrusion, lumbar myofascitis, status post-surgery of the lumbar spine, right hip bursitis, right hip internal derangement, right hip sprain/strain. Treatment to date has included diagnostic studies, medication, functional capacity evaluation, chiropractic sessions, and acupuncture. The most recent physician progress note dated 01/02/2015 documents the injured worker complains of lumbar spine pain rated at 6 out of 10 to 8 out of 10 which is achy, dull, and constant and is worse with sitting prolonged periods. His right hip symptoms are improving, they are intermittent, worse with twisting, and rated 2 out of 10 to 3 out of 10 and is sharp with no clicking or popping. Lumbar spine range of motion is restricted. Right hip range of motion is restricted. There is tenderness to palpation of the anterior hip, and Patrick's, Fabere causes tingling. X rays of the lumbar spine reveal anterolisthesis of L4 on L5, and decreased disc height at L2-L3. X-ray of the right hip reveals a boney deformity/cortical irregularity at the right inferior pubic ramus likely appear as sequela of chronic trauma. Treatment plan includes Cold/Heat therapy, Transcutaneous Electrical Nerve Stimulation unit, EMS unit, Magnetic Resonance Imaging of the lumbar spine and right hip, acupuncture, chiropractic sessions and physiotherapy. Treatment requested is for 12 Acupuncture Therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Therapy sessions for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.