

Case Number:	CM15-0087327		
Date Assigned:	05/11/2015	Date of Injury:	01/31/2008
Decision Date:	06/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/06/2015

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 male patient who sustained an industrial injury on 01/31/2008. A primary treating office visit dated 03/24/2015 reported subjective complaint of low back pain. Objective findings showed the patient with an antalgic gait on the left. There is visible atrophy of the left lower extremity, and he has tenderness to palpation over the lumbar paraspinal region. The assessment noted the patient status post multi-level lumbar fusion at L3-S1 on 06/07/2010; history of microdiscectomy L5-S1 on 05/27/2009, and chronic left lower extremity radiculopathy. The plan of care involved: continuing activity as tolerated; provided prescriptions for Norco 5/325mg, Norflex, Lyrica, 8 additional acupuncture sessions and referral to pain management. On 07/15/2014 the patient was with subjective complaint of ongoing discomfort in the lumbar spine. He states that he has had improvement in his overall symptoms. Since having attended four sessions of acupuncture he is actually having improved sensation to the buttocks, testicular region and into bilateral legs. He continues to use Vicodin and Flexeril on a daily basis for pain. There is no change in the treating diagnoses. He remains permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.