

Case Number:	CM15-0089581		
Date Assigned:	05/13/2015	Date of Injury:	08/28/2013
Decision Date:	06/24/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: NA – Chiropractor, NA- 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 60-year-old male, with a reported date of injury of 01/05/2014. The diagnoses include lumbar sprain/strain. Treatments to date have included oral medications. Prior imagining consist x-rays of the lumbar spine on 09/25/2014, and an MRI of the lumbar spine, which showed signs of facet arthropathy at L5-S1. The progress report dated 04/03/2015 indicates that the injured worker complained of intermittent moderate sharp low back pain, associated with sitting, standing, and walking. The objective findings include decreased lumbar range of motion, tenderness to palpation of the L5-S1 spinous processes and lumbar paravertebral muscles, pain with Kemp's, and negative straight leg raise test. The treating physician requested twelve (12) acupuncture 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:

Acupuncture 2xwk X 6wks Lumbar Spine #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of intermittent moderate sharp low back pain. The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. Acupuncture may be extended with documentation of functional improvement. Based on the submitted documents, it appears that the patient did not receive acupuncture treatments in the past. The provider reported that the patient has significant lower back and leg pain despite a year of non-operative care, which has included medical therapy, chiropractic care, medications, and one epidural injection. Therefore, a trial session of acupuncture may be necessary. However, the provider's request for 12 acupuncture sessions to the lumbar spine exceeds the guidelines recommendation of 3-6 visits for an initial trial. The provider's request is inconsistent with the evidence-based guidelines and therefore it is not medically necessary at this time.