

Case Number:	CM15-0089716		
Date Assigned:	05/14/2015	Date of Injury:	03/02/2014
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
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: 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 45 year old female, who sustained an industrial injury on 03/02/2014. She reported that while in a bent knee position the injured worker was lifting a king sized mattress to tuck in bedding. When she stood up she had sudden sharp pain to the low back. The injured worker was diagnosed as having lumbar four to five disc protrusion with disc desiccation, back pain, and bilateral lumbar radicular complaints greater on the left. Treatment and diagnostic studies to date has included medication regimen, physical therapy, use of a transcutaneous electrical nerve stimulation unit, magnetic resonance imaging of the lumbar spine, electromyogram, and x-ray of lumbosacral spine. In a progress note dated 04/20/2015, the treating physician reports complaints of pain to the back that radiates to the lower extremities with the left greater than the right. The examination is revealing for tenderness to the lumbar paraspinal muscles and the iliolumbar and sacroiliac regions. The treating physician requested ten sessions of acupuncture to the low back/lumbar spine citing multiple guidelines noting that acupuncture can be an effective treatment option for persistent low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 10 sessions for Low Back/ Lumbar Spine, Quantity: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested trial of 10 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, 10 Acupuncture visits are not medically necessary.