

Case Number:	CM15-0089977		
Date Assigned:	05/14/2015	Date of Injury:	03/16/2012
Decision Date:	06/19/2015	UR Denial Date:	04/29/2015
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 48 year old male, who sustained an industrial injury on 03/16/2012. He has reported injury to the low back. The diagnoses have included lumbar/lumbosacral disc degeneration; lumbar disc displacement; lumbar spinal stenosis; lumbar facet syndrome; and status post L4-S1 360-degree fusion, on 02/13/2014. Treatment to date has included medications, diagnostics, bracing, cane, physical therapy, and surgical intervention. Medications have included Norco, Cyclobenzaprine, Terocin Patch. A progress note from the treating physician, dated 04/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; and he had fallen in the shower on 02/28/2015. Objective findings included well-healed incision; right foot sensation improved; and left foot with decreased sensation to light touch. The treatment plan has included the request for acupuncture two times a week for three weeks to 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 3 wks to 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: Provider requested initial trial of 2X3 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. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented. Acupuncture is also used concurrently with physical rehabilitation which was also not documented in the provided medical records. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.