

Case Number:	CM15-0240510		
Date Assigned:	12/17/2015	Date of Injury:	12/31/2014
Decision Date:	01/21/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/09/2015

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 43 year old female, who sustained an industrial injury on 12-31-2014. The injured worker was being treated for lumbar sprain-strain, thoracic sprain-strain, and bilateral lower extremity radicular symptoms. Treatment to date has included diagnostics, trigger point injections, physical therapy, chiropractic, acupuncture (recent 9 visits completed on 10-29-2015, thoracic and lumbar spine), and medications. On 10-29-2015 (Acupuncture Secondary Treating Physician Progress Report-handwritten and difficult to decipher in entirety), the injured worker complains of tenderness in paraspinals of thoracolumbar area, pain radiating to the bottom of right foot, and sleep disruption due to pain. Pain was rated 4 out of 10 (unchanged from rating on 9-15-2015, rated 8 on 5-28-2015). Current (10-29-2015) ratings of functional deficits did not note an increase in walking, sitting, standing, or sleeping times, or decrease in medication use. Lumbar range of motion was within normal limits and unchanged per the acupuncture progress report. The treatment plan included additional acupuncture, 1x6. The PR2 dated 10-15-2015 noted modified work status and she was not working. On 11-16-2015 Utilization Review non-certified a request for acupuncture, 1x6, for the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 6 weeks of the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review determination of November 16, 2015 denied the request for acupuncture, one time per week for six weeks in management of thoracic and lumbar spine residuals citing CA MTUS acupuncture treatment guidelines. The reviewed medical records did identify acupuncture management per the physician's progress report for dates of service 8/9/15 through 9/6/15, the exact number of visits not identified. The reviewed medical records failed to identify any evidence of functional improvement following these treatments leading to denial of requested treatment. The medical necessity for additional acupuncture six visits to the thoracic and lumbar spine was not supported by the reviewed medical records or compliant with the prerequisites for additional treatment per CA MTUS acupuncture treatment guidelines. Therefore, the requested treatment is not medically necessary.