

Case Number:	CM14-0218207		
Date Assigned:	01/07/2015	Date of Injury:	10/01/2011
Decision Date:	03/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/30/2014

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 patient is a 47 year old male who sustained a work related injury to his lower back on October 1, 2010. There was no mechanism of injury documented. The injured worker is diagnosed with lumbar radiculopathy. The injured worker underwent bilateral L5 and S1 epidural steroid injections (ESIs) on July 23, 2014 with significant improvement of low back and leg pain by approximately 80%, increased activity level and improved tolerance for standing and walking. Lumbar range of motion is documented as mildly limited to extension and flexion with mild very low back ache; mildly tender to pressure bilaterally at L5-S1; positive SLR test bilaterally localizing to low back and ipsilateral leg pain. Motor strength was within normal limits bilaterally. Sensation was decreased over the bilateral S1 dermatomes. Current medications are noted as Vicodin as needed. Treatment modalities are documented as initial acupuncture therapy and rehabilitative modalities according to the primary treating physician's progress report on November 14, 2014. There is no disability work status noted. The physician requested authorization for additional Acupuncture QTY: 6 Sessions for muscle tightness. On November 26, 2014 the Utilization Review denied certification for additional Acupuncture QTY: 6 Sessions. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Acupuncture Medical Treatment Guidelines regarding objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture QTY: 6 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is not a candidate for additional acupuncture at this time. The acupuncture medical treatment guideline states that acupuncture may be extended with documentation of functional improvement. The provider reported that the patient obtained significant benefit from previous sessions of acupuncture on a consistent basis in helping significantly with muscle tightness. In the progress report dated 11/14/2014, the provider stated that the patient experienced significant improvement in the low back pain and leg pain as a result of the bilateral L5-S1 transforaminal epidural steroid injection on 7/23/2014. It was reported that the pain was reduced by more than 80%. It appears that the patient had significant improvement with the epidural steroid injection and not the acupuncture sessions. The provider's request for 6 additional acupuncture sessions is not medically necessary based on the lack of functional improvement from the previous acupuncture treatments.