

Case Number:	CM15-0000714		
Date Assigned:	01/12/2015	Date of Injury:	12/15/2012
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/02/2015

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:

This 32 year old male sustained work related industrial injuries on December 15, 2012. The injured worker was diagnosed and treated for lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, sprains and strain of the lumbar region and arthropathy not otherwise specified. Prior treatment consisted of radiographic imaging, prescribed medications, acupuncture therapy, consultations and periodic follow up visits. Per treating provider report dated November 14, 2014, the injured worker complained of lower back pain radiating to the right hip and right thigh. The quality of sleep is poor and level of sleep is the same. Pain level has increased since his last visit. Physical exam revealed restricted range of motion in the cervical and lumbar spine. Straight leg raising test were positive bilaterally in the sitting position. Motor and sensory examinations were normal. The provider noted that the injured worker would benefit from an additional acupuncture sessions for his lumbar spine. The provider also noted that the injured worker had completed 6 acupuncture sessions with good benefit. He was able to complete his activities of daily living with less discomfort and better engage with his home exercise program. He reports less flareups and increase of his range of motion, flexibility, and strength. He is able to perform his work related activities with less discomfort and has increased activity outside of work. The provider also states that the IW has failed PT and is requesting LESI. The claimant is working full time without restrictions. Per an appeal dated 12/9/2014, acupuncture helped the IW manage his symptoms of pain better with and reduce his medications. He was able to continue with his home exercise program and was able to continue working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with many reported benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also the provider is requesting LESI concurrently. Therefore further acupuncture is not medically necessary.