

Case Number:	CM15-0006232		
Date Assigned:	01/20/2015	Date of Injury:	07/31/2014
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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 62 year old female, who sustained an industrial injury on 7/31/2014. She has reported back pain. The diagnoses have included lumbar sprain/strain and coccyx sprain/strain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, six (6) acupuncture treatments, and home exercise. Currently, the Injured Worker complains of low back pain persisting after sitting for prolonged periods. Prior physical therapy and home exercise regime documented as successful in relieving pain symptoms. Physical examination from 12/15/14 documented no pain with palpation from L-1 to sacrum, unrestricted lumbar spine Range of Motion (ROM), no evidence of symptoms of radiculopathy, and negative straight leg raise bilaterally at 90 degrees. Diagnoses included low back pain, lumbar facet syndrome and possible sacroiliac joint mediated pain. On 12/26/2014 Utilization Review non-certified acupuncture treatment two (2) times a week for four (4) weeks, noting the lack of sufficient documentation regarding previous number of visits and objective functional deficits requiring treatment. The MTUS Guidelines were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of acupuncture treatment two (2) times a week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for lumbar spine 2x wk x 4 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions for lumbar spine which was non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.