

Case Number:	CM15-0009759		
Date Assigned:	01/27/2015	Date of Injury:	11/21/2005
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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 41 year old male, who sustained an industrial injury on 11/21/2005 when he fell from a ladder. The diagnoses have included chronic pain syndrome, lumbar radiculopathy, cervical radiculopathy and myofascial dysfunction. Treatment to date has included medications, TENS unit, psychiatric treatment, pool therapy, home exercise, weight loss, food diary and modified activities. Currently, the IW complains of pain in the neck, low back, legs, right ankle, stomach and head. Pain is rated as 4/10. He gets moderate to good relief with hydrocodone which decreases his pain by 50%. He reports chronic gastrointestinal upset. Objective findings included sad and anxious mood, nervous apprehensive and ambulates with a cane in his right hand. His affect is flat. Straight leg raise is positive bilaterally at 60 degrees and sensation is decreased in bilateral posterior thighs. On 12/19/2014, Utilization Review non-certified a request for acupuncture x 6 for the lumbar spine noting that the documentation does not meet the criteria for functional improvement. The MTUS was cited. On 1/16/2015, the injured worker submitted an application for IMR for review of acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 Treatments To LS: 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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.