

Case Number:	CM15-0103091		
Date Assigned:	06/05/2015	Date of Injury:	04/10/2012
Decision Date:	07/15/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/28/2015

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 52 year old male who sustained an industrial injury on 04/10/2012 when he slipped from a ladder falling approximately 10 feet hitting his back and head on concrete. There was no loss of consciousness. Initial evaluation and X-rays were negative for acute pathology. The injured worker was diagnosed with cervical disc displacement, cervical stenosis, lumbar annular tear, lumbar disc displacement and lumbar facet hypertrophy. Treatment to date includes conservative measures, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, opiates and topical analgesics. According to the primary treating physician's progress report on April 8, 2015, the injured worker continues to experience neck and low back pain. The injured worker reports neck pain with numbness and tingling associated with repetitive movement and rates the level of pain at 7/10. His low back pain radiates to the left leg with numbness, tingling, weakness and cramping rated at 8/10 on the pain scale. Examination of the cervical spine demonstrated decreased and painful range of motion with negative cervical and foraminal compression tests. Examination of the lumbar spine noted painful decreased range of motion with tenderness to palpation of the L5-S1 spinous process. Kemp's test and straight leg raise caused pain on the left. Current medications are listed as Norco and topical analgesics. Treatment plan consists of a urine drug screening; continue with medication regimen and the current request for acupuncture therapy twice a week for 6 weeks for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times wkly for 6 wks, 12 sessions, for the Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient continued to experience neck and low back pain. The patient received acupuncture care in the past. It was noted that acupuncture provided minimal pain relief per progress report dated 10/11/2014. There was no documentation of functional improvement from prior acupuncture session in the submitted records. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of functional improvement from previous acupuncture session, the provider's request for 12 acupuncture session for the low back is not medically necessary at this time.