

Case Number:	CM15-0104715		
Date Assigned:	06/09/2015	Date of Injury:	11/21/2014
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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 60 year old male, who sustained an industrial injury on 11/21/2014. He reported back pain while carrying heavy glass. The injured worker was diagnosed as having lumbar sprain/strain and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included diagnostics, physical therapy, unspecified acupuncture, and medications. Currently (5/05/2015), the injured worker complains of low back pain, rated 7-8/10. Medication use included Ibuprofen. Exam noted tenderness and spasm to the lumbar spine and sacroiliac joint and numbness to the anterolateral aspect of the right leg. His work status was modified. The treatment plan included acupuncture for the lumbar spine (2x4). Results from previous acupuncture treatment were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of low back pain. Records indicate that the patient received acupuncture in the past. There was no objective quantifiable documentation regarding functional improvement from previous acupuncture sessions. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of functional improvement from prior acupuncture care, the provider's request for 8 acupuncture sessions to the lumbar spine is not medically necessary at this time.