

Case Number:	CM15-0106457		
Date Assigned:	06/10/2015	Date of Injury:	07/04/2014
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 69 year old male, who sustained an industrial/work injury on 7/4/14. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbago, hip sprain/strain, hip/elbow/wrist internal derangement, lumbar disc displacement, radiculitis of lower extremity, and lumbar spine sprain/strain. Treatment to date has included medication, physical therapy, back brace, acupuncture, and electrical stimulation. MRI results were reported on 8/30/14. Currently, the injured worker complains of pain in lumbar spine and right hip. Per the primary physician's progress report (PR-2) on 4/13/15, examination revealed decreased range of motion in the lumbar spine tenderness in bilateral hips. The requested treatments include Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." An unknown number of prior acupuncture sessions were rendered in the past without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture to support the appropriateness of the additional acupuncture requested. Also, the request is for acupuncture x 12, number that exceeds significantly the guidelines criteria without any extraordinary circumstances documented to override the guidelines recommendations. Therefore, the additional acupuncture is not supported for medical necessity.