

Case Number:	CM15-0011040		
Date Assigned:	01/28/2015	Date of Injury:	06/11/2013
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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 47 year old female patient, who sustained an industrial injury on 06/11/2013. A primary treating visit dated 12/01/2014 reported subjective complaints of moderate - severe low back pain and upper back pai with some radiation to right buttock and legs. She is noted just recently completing physiotherapy. She is currently working under modified duty. The patient is prescribed Albuterol and Qvar. Physical examination found tenderness to palpation in the mid-thoracic and mid-lumbar regions. The following diagnoses are applied; lumbar degenerative disc disease/disc bulges, and mild thoracic degenerative disc disease/disc bulges. She is to return for follow up in 6-8 weeks. She will remian on total temporary disability for 3 months. On 01/07/2015 Utilization Review non-certified a request for acupunture 12 sessions, noting the CA MTUS Acupunture Treatment Guideline was cited. The injured worker submitted an application on 01/20/2015 for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupunture 3 per week for weeks to the thoracic and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture sessions which was non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.