

Case Number:	CM15-0014157		
Date Assigned:	02/02/2015	Date of Injury:	09/29/2008
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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 37 year old male with an industrial injury dated September 29, 2008. The injured worker diagnoses include chronic low back pain and post laminectomy syndrome. He has been treated with diagnostic studies, prescribed medications, acupuncture treatments, infrared heat and massage, and periodic follow up visits. In a progress note dated 10/30/14, his treating physician reports moderate distress secondary to low back pain. Physical exam revealed tenderness on palpitation to the thoracic and lumbar paraspinal muscles. Muscles in the lumbar paraspinal region were noted to be hypertonic on the right side. The treating physician prescribed services for additional acupuncture 2x6 for the lumbar spine. UR determination on December 30, 2014 modified the request to additional acupuncture x4 for the lumbar spine, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times six 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: Acupuncture Medical Treatment Guidelines states that acupuncture may be continued if there is documentation of functional improvement. There was evidence that the patient complete acupuncture care in the past. The acupuncture provider noted that the patient had decrease pain and reduced medication intake with the acupuncture session. The patient was authorized 4 acupuncture sessions out of the 12 requested. There was no documentation of functional improvement from the 4 additional acupuncture sessions. Therefore, additional acupuncture session to the lumbar spine is not medically necessary.