

Case Number:	CM15-0016318		
Date Assigned:	02/04/2015	Date of Injury:	04/13/1992
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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: Ohio

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:

Claimant is a 56 year old female who sustained a work related injury on 04/13/1992. The mechanism of injury is was not available in the documents reviewed. The PR-2 dated 12/5/14 notes a recent flare up of back pain that began about 10 days previously. Pain was rated a 6 out of 10. Range of motion is decreased in the thoracic and lumbar spine. There is decreased sensation of the left L5 dermatome. Treatments have included medications, MRI, EMG, more than 20 visits of chiropractic, and 24 visits of acupuncture. Current diagnoses are herniated disc L5-S1, facet arthropathy L4-S1, left knee pain, and left knee osteoarthritis. UR decision dated 1/26/15 non-certified a request for an additional 6 acupuncture visits citing a lack of documentation of functional improvement and the MTUS Acupuncture Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture For The Back (6-sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has previously had 24 visits of acupuncture. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no evidence of an intolerance or reduction of pain medication or that the request is to be utilized as an adjunct of physical rehabilitation and/or surgical intervention to hasten recovery. There is no evidence that there has been objective functional improvement from the previous 24 treatments. Therefore the request for an additional 6 acupuncture treatments is not medically necessary.