

Case Number:	CM15-0016358		
Date Assigned:	02/04/2015	Date of Injury:	03/21/2013
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
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: 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 57 year old male with an industrial injury dated March 21, 2013. The injured worker diagnoses include sprain of lumbar spine. He has been treated with diagnostic studies, physical therapy, chiropractic therapy, 6 sessions of acupuncture and periodic follow up visits. In a progress note dated 10/02/2014, the injured worker reported ongoing pain in the lower back with stiffness and weakness and some radiating pain to the right thigh. The treating physician noted that the MRI revealed some spondylolisthesis with foraminal stenosis at the L5-S1. There was also some facet joint arthritic changes at the facet joint L4-L5. According to progress report dated 11/20/2014, the injured worker continues to have low back pain rated a 4/10. The treating physician noted a twenty percent improvement from previous acupuncture treatment and requested an additional acupuncture 1 times a week for 12 weeks for the low back. UR determination on January 20, 2015 denied the request for acupuncture 1 times a week for 12 weeks for the low back, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 times a week for 12 weeks-low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient completed 6 acupuncture sessions. The provider noted 20% improvement from the 6 acupuncture session and that the patient was making excellent progress with pain. Although, the patient experienced decrease pain from acupuncture, there was no documentation of functional improvement from the acupuncture treatments. Therefore, based on the guidelines, the provider's request for 12 acupuncture session for the low back is not medically necessary at this time.