

Case Number:	CM15-0016541		
Date Assigned:	02/04/2015	Date of Injury:	05/03/2007
Decision Date:	07/17/2015	UR Denial Date:	01/15/2015
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 35 year old male who sustained an industrial injury on May 3, 2007. He has reported pain in the lower back and into the left more so than right lower extremity. Diagnoses included rule out radicular problem versus peripheral nerve entrapment or polyneuropathy versus mononeuropathy. Treatment consisted of conservative therapies. He currently had numbness in the right equals left low back and buttock, radiating to the right equals left lower extremity, and particularly into the soles more so than the other regions of his feet and legs. There was weakness in the buttocks bilaterally and lower extremity proximally, equal on right and left. Pain was posterior especially in the thighs and posterior in the leg and then down into the feet including the soles more so than dorsae. The treatment request included acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for eight weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the submitted records, it appears that the patient did not receive acupuncture in the past. The patients complained of low back pain. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. Additional acupuncture beyond the 6 initial visits is recommended with documentation of functional improvement. The provider's request for 16 acupuncture session exceeds the guidelines for an initial trial and therefore is not medically necessary at this time.