

Case Number:	CM15-0016639		
Date Assigned:	02/05/2015	Date of Injury:	07/08/2013
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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:

The injured worker is a 40 year old male who was walking and slipped and fell, landing on his right side. He reported experiencing immediate pain in the cervical, lumbar spine, and right knee. He was seen by the company physician where he was examined, prescribed medications, and x-rays were taken of his right knee. Reported diagnoses on PR-2 dated 1/15/15 are, pain in joint involving lower leg, lumbar pain, and spinal stenosis in the cervical spine. Previous treatment has included medications, chiropractic, myofascial release, injections, physical therapy, computer assisted exercises, infrared, home stim unit, MRI of the right knee and low back, neurosurgical consult, and acupuncture. The injured worker is currently on modified duty. UR decision dated 1/6/15 non-certified the request for acupuncture 2x6 based on acupuncture medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out patient acupuncture treatment to lumbar spine 2 times a week over 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical treatment guidelines, a trial of 3-6 visits may be 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. The request for 12 visits exceeds the guidelines recommendation of a trial of 3-6 for produce functional improvement. Therefore the request is not medically necessary.