

Case Number:	CM15-0019847		
Date Assigned:	02/09/2015	Date of Injury:	07/22/2013
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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 35 year old male, who sustained an industrial injury on July 22, 2013. He has reported lower back pain radiating to the left leg and bilateral hip pain. The diagnoses have included thoracic and lumbar spine strain/sprain, lumbar spine radiculopathy, left hip and pelvis pain, muscle spasm, and sleep disorder. Treatment to date has included physical therapy, home exercise, acupuncture, medications, and imaging studies. A progress note dated January 16, 2015 indicates a chief complaint of continued lower back pain radiating to the left leg, and bilateral hip pain. Physical examination showed difficulty with range of motion of the hips, moderate tenderness of the thoracic spine, and decreased range of motion of the lumbar spine. The treating physician is requesting acupuncture one session each week for three weeks for the lower back. On January 22, 2015 Utilization Review denied the request for acupuncture citing the California Medical Treatment Utilization Schedule acupuncture medical 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 low back, 1 time a week for 3 weeks: 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 state that acupuncture is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines also state that initial trial of 3 to 6 visits 1 to 3 times per week is adequate to produce functional improvement. The PR-2 dated 7/11/14 notes that the patient will proceed with acupuncture of the lumbar spine one time per week for three weeks for the current flareup of low back pain was authorized. This would constitute an adequate trial of acupuncture. Objective functional improvement is not documented from these visits. Based on the acupuncture medical treatment guidelines, an adequate trial of acupuncture, and the lack of objective functional improvement the request for acupuncture for the low back one time a week for three weeks is not medically necessary.