

Case Number:	CM15-0113741		
Date Assigned:	06/22/2015	Date of Injury:	02/15/2014
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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 44 year old female with an industrial injury dated 02/15/2014. Her diagnoses included protrusion lumbar 3-4, lumbar 4-5 and lumbar 5-sacral 1 with no significant neural encroachment and lumbar spondylosis. Prior treatments included physical therapy to lumbar spine (failed), home exercise program, stretching, heat and medications. She presents on 04/23/2015 with complaints of low back pain with left greater than right lower extremity symptoms. Physical exam noted tenderness of the lumbar spine with decreased range of motion. Straight leg raise was positive bilaterally. Medications included Tramadol, Cyclobenzaprine, Naproxen sodium and Pantoprazole. The provider documents medication at current dosing facilitates maintenance of activities of daily living such as lighthouse hold duties, shopping for groceries, grooming and cooking. Without medications, the injured worker noted frequent inability to adhere to recommended exercise regime due to pain. Specific examples of objective improvement with medication are documented as tolerance to activity and improved function at current dosing. Treatment plan included trial of acupuncture, medications, topical medication and follow up in 3 weeks. Disability status was temporarily totally disabled for 4 weeks. The treatment request is for acupuncture 2 times a week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 2X6 acupuncture sessions, which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 2X6 Acupuncture visits are not medically necessary.