

Case Number:	CM15-0114416		
Date Assigned:	06/22/2015	Date of Injury:	03/11/2008
Decision Date:	07/27/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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, who sustained an industrial injury on 3/11/2008. Diagnoses have included lumbar sprain/strain, lumbosacral radiculopathy, thoracic or lumbosacral neuritis or radiculitis not otherwise specified and disc displacement not otherwise specified without myelopathy. Treatment to date has included lumbar decompression (October 2014), physical therapy and medication. According to the progress report dated 5/13/2015, the injured worker complained of low back pain radiating down the lower extremities mainly on the right side. She stated that post-operative physical therapy helped to reduce her pain and increase her functional capacity; however, she was still symptomatic. Physical exam revealed spasm, tenderness and guarding in the paravertebral muscles of the lumbar spine with decreased range of motion. Decreased dermatomal sensation with pain was noted over the right L5 dermatome. Authorization was requested for acupuncture to the lumbar spine three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lumbar spine 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested trial of 3X4 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, 3X4 Acupuncture visits are not medically necessary.