

Case Number:	CM15-0114590		
Date Assigned:	06/22/2015	Date of Injury:	06/10/2014
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
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 30 year old male, who sustained an industrial injury on 6/10/14. The injured worker was diagnosed as having lumbar spine discopathy and acute bilateral lumbosacral radiculopathy. Treatment to date has included a home exercise program, chiropractic treatment, and medication. Physical examination findings on 5/11/15 included no tenderness with palpation of the lumbar spine. Myospasms were not noted and range of motion was within normal limits. Currently, the injured worker complains of mild pain in the low back. The treating physician requested authorization for acupuncture 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is currently being treated for low back pain. Past treatment included home exercise program, chiropractic treatment, and medication. The acupuncture

recommends an initial trial of 3-6 visits over 1-2 months to produce functional improvement. Additional acupuncture may be warranted with documentation of functional improvement. There was no evidence of prior acupuncture therapy. Therefore, the patient is a candidate for a trial of 3-6 acupuncture sessions. However the provider's request for 8 acupuncture session exceeds the guidelines recommendation and therefore is not medically necessary at this time.