

Case Number:	CM15-0115152		
Date Assigned:	06/23/2015	Date of Injury:	07/31/2010
Decision Date:	07/22/2015	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: 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:

This 35-year-old man sustained an industrial injury on 7/31/2010. The mechanism of injury is not detailed. Diagnoses include low back pain, internal disc disruption, chronic pain, insomnia, left sacroiliac joint dysfunction, left trochanteric bursitis, and spondylosis. Treatment has included oral medications, heating pad, paraffin bath, and trigger point injections. Physician notes on a PR-2 dated 5/27/2015 show complaints of throbbing left thigh pain rated 5/10. Recommendations include Naproxen, Omeprazole, Lunesta, LidoPro cream, TENS unit for home use, heating pad, theracane, left hip stretches, pain management consultation, acupuncture, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 (6 sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (trigger point injections, oral medication, work modifications and self-care), the acupuncture requested for pain management and function improvement is supported by the MTUS. The guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore, the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.