

Case Number:	CM15-0118045		
Date Assigned:	06/26/2015	Date of Injury:	03/10/2013
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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 58 year old female, who sustained an industrial injury on 3/10/2013. Diagnoses include chronic pain syndrome, sprain of thoracic, unspecified disc disorder thoracic region, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, facet joint arthropathy and lumbar sprain/strain. Treatment to date has included diagnostics, anti-inflammatory medications and chiropractic care. Per the Primary Treating Physician's Progress Report dated 5/28/2015, the injured worker reported completion of 3 out of 6 chiropractic sessions after which she developed increased pain in her low back, numbness in her legs, left greater than right after the third session on 4/29/2015. She feels that she developed a cough as a result of the chiropractic treatment. She describes her back pain as constant, burning and sharp and rates the pain as 7-8/10 with no radiation. Physical examination revealed tenderness to palpation over the thoracic and lumbar spinal processes. Cervical and lumbar spine range of motion was limited to extension, lateral bending and rotation. There was increased lumbar lordosis. The plan of care included diagnostics, home exercise, medications and acupuncture. Authorization was requested for acupuncture (2 x 6) to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the low back, 2 times a week for 6 weeks, quantity: 12 sessions:
 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 2 X 6 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, 2 X 6 Acupuncture visits are not medically necessary.