

Case Number:	CM15-0120184		
Date Assigned:	06/30/2015	Date of Injury:	04/02/2013
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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 28 year old female patient who sustained an industrial injury on 04/02/2013. The accident was described as while working regular duty unpacking boxes as a food company she encountered repetitive movement injury involving the back. Previous treatment to involve: epidural injections and facet injections, which she states the epidurals were beneficial. A recent evaluation visit dated 05/07/2015 reported the patient having participated in chiropractic care and physical therapy session of which she feels did not offer any relief. She does continue to work with at home exercises. She describes the pain as a constant aching in the back. She is currently taking Norco 10/325mg and Terocin patches. She is currently unemployed. The following diagnoses were applied: backache; lumbar radiculopathy; sprain and strains of lumbosacral joint and ligaments; encounter for long-term use of medications. The plan of care involved: recommending the patient participate in a course of acupuncture and continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One acupuncture of the lumbar spine (unspecified number of visits): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. Further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. Since there is no documentation the claimant had prior acupuncture, one acupuncture of lumbar spine is medically necessary.