

Case Number:	CM15-0121658		
Date Assigned:	07/02/2015	Date of Injury:	09/10/2014
Decision Date:	08/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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 male who sustained work related injury September 10, 2014. According to an orthopedic re-evaluation dated May 4, 2015, the injured worker presented with complaints of pain in the back, which radiates to the left lower extremity and pain in both knees. Lumbar spine examination revealed; mild antalgic gait; tenderness to palpation over the lumbar spine and paravertebral muscles; spasms and guarding; palpable trigger points with a positive response; straight leg raise is decreased to 30 degrees. Diagnoses are traumatic musculoligamentous strain of the lumbar spine; left leg radiculitis and radiculitis to the thoracic spine region; mild to moderate hypertrophic changes at L3-4 level with hypertrophy of the ligamentum flavum and moderate spinal stenosis, hypertrophic changes and spinal stenosis at L4-5. Treatment plan included authorized epidural steroid injections, continue with Motrin and prescribed medication, instructions for isometric strengthening program, and at issue, a request for authorization for acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Therapy sessions for the Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommends acupuncture for pain. It recommends an initial trial of 3-6 visits to produce functional improvement. There was no evidence of prior acupuncture care in the submitted documents. The provider's request was denied because there was no documentation of physical examination of the knee. The provider requested acupuncture for the lumbar spine. The patient complained of back pain, which radiates into the left lower extremity and knee pain. Most of the examination was for the lumbar spine. A trial is appropriate and reasonable at this time for which the guideline recommends 3-6 session. The provider's request for 6-acupuncture session for the lumbar spine is consistent with the evidenced based guidelines for an initial trial and therefore is medically necessary and appropriate at this time.