

Case Number:	CM15-0122910		
Date Assigned:	07/07/2015	Date of Injury:	10/11/2002
Decision Date:	08/18/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/26/2015

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 female, who sustained an industrial injury on 10/11/02. The injured worker has complaints of low back pain. The documentation noted that the injured worker has a slow gait and when she sits her head is forward and her shoulder are protracted. The diagnoses have included lumbago; backache not otherwise specified; lumbosacral spondylosis without myelopathy and lumbar disc displacement without myelopathy. Treatment to date has included lidoderm patch; ibuprofen and Ambien; home exercise program; heat/ice and acupuncture. Per a PR-2 dated 11/4/2014, the claimant has completed 12 acupuncture sessions and she feels much better with ongoing acupuncture. She states that pain is returning and she gets intermittent flare-ups. Numbness and tingling improved. She is permanent, stationary, and not working. The request was for acupuncture two times per week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, 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. The claimant has had prior acupuncture of unknown quantity and duration and had subjective temporary benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.