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| Case Number: | CM15-0123554 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 03/06/2015 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 06/05/2015 |
| 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 43 year old male who sustained a work related injury March 6, 2015. While lifting a computer weighing approximately 16 pounds, he heard a pop in his back. He experienced immediate mid back and lower back pain. He underwent approximately 20 visits of chiropractic treatment which provided temporary relief of his symptoms. Past history included hypertension, sleep apnea, gout, anxiety, and depression. X-ray of the thoracic spine, dated March 27, 2015 (report present in the medical record) revealed no acute bony abnormality; mild degenerative changes. An MRI of the thoracic spine, dated April 6, 2015 (report present in the medical record) revealed no prominent central canal stenosis or definite evidence of an acute compression fracture; grossly unremarkable. Electrodiagnostic Consultation and studies, dated May 11, 2015, (report present in the medical record) revealed evidence of left S1 radiculopathy. According to a primary treating physician's progress report, dated May 8, 2015, the injured worker presented with complaints of continued pain in the mid back, rated 6/10, and nausea from medication. There is also lower back pain, rated 5-6/10, with occasional numbness in the left foot, involving all the toes. He reports on going chiropractic therapy twice a week, he pays for out of pocket, with temporary relief. Current medications included Naproxen Sodium and Prilosec. He reports the Naproxen alleviates the pain but has some gastrointestinal irritation with its use. His gait is mildly antalgic. Diagnoses are thoracic sprain/strain; back pain. At issue, is the request for authorization for acupuncture for the back, 8 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Back, 8 additional sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.