

Case Number:	CM15-0123624		
Date Assigned:	07/08/2015	Date of Injury:	06/16/2003
Decision Date:	08/04/2015	UR Denial Date:	05/29/2015
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 42 year old male, who sustained an industrial injury on 5/16/2003. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar post laminectomy syndrome, lumbar radiculopathy, chronic pain syndrome, insomnia, spondylolisthesis, lumbar degenerative disc disease, herniated nucleus pulposus and low back pain. Lumbar magnetic resonance imaging showed lumbar 4-5 and lumbar 5-sacral 1 disc desiccation and lumbosacral disc protrusion. Treatment to date has included therapy and medication management. In a progress note dated 5/20/2015, the injured worker complains of low back pain radiating to the left lower extremity rated 8/10 with pain medications and 9/10 without medications. Physical examination showed lumbar and sacroiliac tenderness and pain with lumbar flexion and extension. The treating physician is requesting 8 sessions of acupuncture for the low back. The claimant has been seeing an acupuncturist, [REDACTED]. He would like to see another acupuncturist for a second opinion, as he feels like he is hitting a plateau. He reports that acupuncture does control his pain. He is not taking any NSAIDs or opioids at this time. He was not taking any opioids or NSAIDs on a PR-2 dated 3/2/2015 or 1/14/15 either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the low back: 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 benefits of pain reduction. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.