

Case Number:	CM15-0124305		
Date Assigned:	07/08/2015	Date of Injury:	08/04/2014
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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 37 year old male who sustained an industrial /work injury on 8/4/14. He reported an initial complaint of lumbar spine pain. The injured worker was diagnosed as having lumbar strain and lumbar disc displacement, lumbar radiculopathy. Treatment to date includes medication, physical therapy, and diagnostics. MRI results was reported on 11/12/14 that noted L2-3 moderate left paracentral disc herniation with superior and inferior extrusion, mild lateral left L2 root displacement. Currently, the injured worker complained of lumbar back pain. Per the primary physician's report (PR-2) on 5/18/15, exam noted tenderness, left sciatic nerve down to the calf, motor strength of 4/5, and paravertebral muscle spasms. Current plan of care included continue home exercises, acupuncture, pain management, and attend gym, bike and swim. The requested treatments include acupuncture sessions 2 times a week for 6 weeks for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions 2 times a week for 6 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 9.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per medical notes patient had 2 acupuncture sessions with 20% improvement. Provider requested additional trial of 2X6 acupuncture sessions for lumbar spine, which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 2X6 Acupuncture visits are not medically necessary.