

Case Number:	CM15-0162050		
Date Assigned:	08/28/2015	Date of Injury:	02/01/2013
Decision Date:	11/10/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/18/2015

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, Montana

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 63 year old male, who sustained an industrial-work injury on 2-1-13. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, discogenic low back pain, and chronic L2 compression fracture. Medical records dated (5-12-15 to 7-14-15) indicate that the injured worker complains of low back, bilateral buttock and leg pain. Per the treating physician report dated 7-14-15 the injured worker has not returned to work. The physical exam dated 7-14-15 reveals that the exam of the low back reveals 60 degrees of flexion and 10 degrees of extension. The physician indicates that he is recommending physical therapy and acupuncture for the low back. Treatment to date has included diagnostics, pain management, pain medications, off work, rest and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 5-21-15 reveals chronic L2 compression fracture, posterior disc bulge, annular fissure in the posterior aspect of the disc with flattening of the Dura at L4 and L5 and right sided incursion into the central canal by a broad based disc that appears to abut the anterior aspect of the right S1 nerve root. There is moderate neural foraminal narrowing and lumbar anterior spondylosis deformans. The request for authorization date was 7-31-15 and requested service included 8 acupuncture sessions for lumbar spine, once a week for eight weeks. The original Utilization review dated 8-7-15 non-certified the request for 8 acupuncture sessions for lumbar spine, once a week for eight weeks as not medically necessary at this time pending the injured worker's response to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture for lumbar spine, once a week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial 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, 8 Acupuncture visits are not medically necessary.