

Case Number:	CM15-0171529		
Date Assigned:	09/11/2015	Date of Injury:	02/21/2009
Decision Date:	10/15/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This is a 52-year-old male worker who was injured on 2-21-09 due to a fall. The medical records reviewed indicated the injured worker (IW) was treated for low back pain and lumbosacral radiculitis. The most recent progress note (7-21-15) indicated the IW had low back pain radiating to the thoracic spine. He was continuing to work on modified duty. On physical examination (6-9-15 to 7-21-15 records) the IW was wearing his back brace for lifting at work. Lumbar spine flexion was 40 degrees and extension was 30 degrees. Sensation was decreased in the lateral right leg. Straight leg raise was negative. Review of the progress notes (2-24-15 and 3-24-15) showed there has been slight improvement in range of motion and straight leg raise, which was previously positive on the right. There was no documentation of functional level or reference to previous acupuncture treatments and outcomes. Treatments have included medications (Tylenol and Aleve); physical therapy (at least 12 sessions), which provided temporary relief; TENS unit; lumbar epidural steroid injection (2010) and back support. A Request for Authorization dated 7-23-15 asked for acupuncture twice a week for six weeks for the low back. The Utilization Review on 7-30-15 non-certified the request for acupuncture twice a week for six weeks for the low back, as the efficacy of previous acupuncture was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, 12 acupuncture treatments are not medically necessary.