

Case Number:	CM15-0173914		
Date Assigned:	09/15/2015	Date of Injury:	10/12/2014
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/03/2015

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 23 year old male, who sustained an industrial injury on October 12, 2014. The injured worker was diagnosed as having a 1 millimeter midline disc bulge at L5-S1 (lumbar 5-sacral 1) and musculoligamentous sprain of the lumbar spine. Medical records (July 21, 2015) indicate ongoing low back pain. The injured worker reported occasional aching lumbar spine pain more so with repetitive activities. Prolonged bending, squatting, and kneeling exacerbate the low back pain. The physical exam revealed tenderness to palpation of the lumbar spine, normal range of motion with pain, and positive straight leg raise with local back pain at approximately 45 degrees bilaterally. Treatment has included approximately 24 sessions of physical therapy, 3 sessions of work hardening, 6 sessions of acupuncture, work restrictions, a home transcutaneous electrical nerve stimulation (TENS) unit, home exercises, and medications including oral pain, topical pain creams, steroid, muscle relaxant, and non-steroidal anti-inflammatory. On August 3, 2015, the requested treatments included 8 sessions of acupuncture for the lumbar spine. On August 12, 2015, the original utilization review non-certified a request for 8 sessions of acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture therapy sessions 2 times a week for 4 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The August 12, 2015 utilization review document denied the treatment request for eight acupuncture visits to the patient's lumbar spine citing CA MTUS acupuncture treatment guidelines. The patient's past medical history of treatment included 12 prior sessions of acupuncture reported benefit as far as reduction in back pain. Although improvement was noted in reduction of localized back pain there was an absence of functional improvement supporting the recommendation for additional treatment. The medical necessity for continuation of eight additional acupuncture visits to the patient's lumbar spine is not supported by clinical evidence of functional improvement following the initial 12 sessions, which is the prerequisite for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. The medical necessity for additional treatment was not provided in the reviewed medical record or consistent with referenced guidelines, therefore is not medically necessary.