

Case Number:	CM15-0176294		
Date Assigned:	09/17/2015	Date of Injury:	04/08/2014
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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 45 year old male, who sustained an industrial injury on 4-8-2014. The medical records indicate that the injured worker is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, and sleep disturbance. According to the progress report dated 8-11-2015, the injured worker complains of low back pain with radiation into the right arm, right elbow, right hand, and right leg. The pain is characterized as aching and burning. The pain is rated 9 out of 10 on a subjective pain scale. The physical examination of the lumbar spine reveals restricted and painful range of motion. Flexion is limited to 30 degrees, extension to 10 degrees, and left and right lateral rotation is limited to 20 degrees. There is decreased sensation to light touch over the medial and lateral calf and anterior, medial, and lateral thigh on the right. The current medications are Cyclobenzaprine, Omeprazole, Ultracet, Cymbalta, Lunesta, Tylenol Ex-Strength, and Lidoderm patch. Treatment to date has included medication management, ice, heat, lumbar brace, and 3 acupuncture sessions (helping). Work status is described as is described as temporarily totally disabled. The original utilization review (8-26-2015) had non-certified a request for 8 additional acupuncture sessions to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 Acupuncture Visits to 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: The utilization review document of 8/25/2015 denied the treatment request for eight additional acupuncture visits to the patient's lower back citing CA MTUS acupuncture treatment guidelines. The patient's prior medical history includes application of acupuncture, eight sessions in July 2014 and three sessions in July 2015. The reviewed medical records failed to document functional improvement, a prerequisite for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. The medical necessity for additional chiropractic visits, eight sessions requested on 8/11/15 was not supported by the reviewed medical records or consistent with referenced CA MTUS acupuncture treatment guidelines that require evidence of functional improvement as a prerequisite for consideration of treatment, therefore is not medically necessary.