

Case Number:	CM15-0179585		
Date Assigned:	10/08/2015	Date of Injury:	02/02/2009
Decision Date:	11/16/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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 50 year old female who sustained an industrial injury on 2-2-09. A review of the medical records indicates she is undergoing treatment for lumbar radiculopathy and lumbar degenerative disc disease. Medical records (3-16-15 to 8-4-15) indicate ongoing complaints of low back pain. She rates the pain "8 out of 10" and describes it as "aching". She also has had radiation of the pain to her bilateral lower extremities. The physical exam (8-4-15) reveals "some discomfort" with transitioning from a seated to standing position. She has tenderness on palpation of bilateral biceps, medial knees, greater trochanters, occiput and lumbar paraspinal. She is able to perform activities of daily living independently. Diagnostic studies have included urine drug screens and MRIs of the lumbar spine on 4-29-09 and 1-27-15. Treatment has included physical therapy, a home exercise program, use of heat and cold application, weight reduction, a left transforaminal epidural steroid injection of L4-5 and L5-S1 on 12-14-10, medications, and acupuncture. The records indicate that she underwent a series of acupuncture treatments in 2011. They were requested, again, in November 2014. However, no indication of authorization is noted. The utilization review (8-12-15) includes a request for authorization of 6 sessions of acupuncture. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions to low back Qty: 6.00: 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 August 12, 2015 denied the treatment request for six acupuncture visits to manage the patient's lower back complaints citing CA MTUS acupuncture treatment guidelines. The reviewed medical records reflect a prior course of acupuncture care with no clinical evidence that manual therapies including acupuncture modified or improved medication use or disability status. The patient's identified chronic lower back complaints failed to respond to conservative measures including acupuncture and failed to account for any objective determination of functional improvement as required by CA MTUS acupuncture treatment guidelines. The medical necessity for continuation of acupuncture care, six visits to the patient's lower back is not supported by the reviewed medical records or the prerequisites for consideration of additional treatment per CA MTUS acupuncture treatment guidelines.