

Case Number:	CM15-0020227		
Date Assigned:	02/09/2015	Date of Injury:	08/01/2012
Decision Date:	05/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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, female who sustained a work related injury on 8/1/12. The diagnoses have included lumbar disc disease, status post lumbar surgery in 2000 and lumbar radicular symptoms. Treatments have included previous low back surgery, MRIs, medications and acupuncture. In the PR-2 dated 1/19/15, the injured worker complains of a flare-up of low back pain. She rates the pain an 8/10. She has left worse than right constant, aching, burning sensation radiating to left buttock down to foot with associated weakness and burning/tingling sensation. The treatment plan is a request for 6 more acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 additional sessions lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments also states that extension of acupuncture care could be

supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient underwent six prior acupuncture sessions without any significant, objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc) other than "short term benefits". In the absence of any evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture does not meet the guidelines criteria for medical necessity. The request is not medically necessary.