

Case Number:	CM15-0022873		
Date Assigned:	02/12/2015	Date of Injury:	02/01/1999
Decision Date:	04/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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: Ohio

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:

Claimant is a 59-year-old male sustained work-related injury on 2/1/1999. PR2 dated 1/8/15 is handwritten and mostly illegible. Complaints noted are constant stabbing, sharp, radiating pain in the mid to low back to the right buttock and hips. Patient has difficulty getting in and out of bed. There are lumbar spine trigger points associated muscle guarding. Cervical spine trigger points are also noted. Straight leg raise is positive. There is decreased sensation at L4 - S1 on the right. Diagnoses include cervical sprain/strain, lumbar sprain/strain in grade 2 anterolisthesis. Request for acupuncture two times a week for three weeks his request with the intention to decrease lumbar pain and inflammation. Previous treatment is included medications, physical therapy, neurosurgical consult, and psychotherapy. UR decision dated 1/12/15 noncertified the request for acupuncture two times a week for three weeks citing the patient previously attended acupuncture but they're not been documentation of specific functional benefit. The MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker was previously authorized for six visits of acupuncture on 1/7/14. The results of those treatments are not documented. MTUS acupuncture medical treatment guidelines state that acupuncture treatments may be extended to functional improvement is documented. Based on MTUS acupuncture medical treatment guidelines an adequate trial of care has been authorized. Since there is no evidence of objective functional improvement from the previously authorized visits the request for additional acupuncture twice a week for three weeks is not medically necessary.