

Case Number:	CM15-0024862		
Date Assigned:	02/17/2015	Date of Injury:	04/11/2014
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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 40 year old male, who sustained an industrial injury on April 11, 2014. He has reported injury after falling from a ladder. The diagnoses have included neuralgia, neuritis, radiculitis, and lumbar spine sprain/strain. Treatment to date has included medications, physical therapy, and acupuncture. Currently, the IW complains of constant stabbing low back pain with radiation into the left buttock and aggravated by prolonged sitting or standing. He reports difficulty with sleep due to pain. Physical findings revealed are decreased painful range of motion, tenderness to the lumbar spine area, muscle spasms, and positive Kemp's testing. The records indicate he has completed 8 physical therapy visits, and 6 acupuncture visits. On January 19, 2015, Utilization Review non-certified acupuncture one time weekly for six weeks for the lumbar spine. The Acupuncture Medical Treatment guidelines were cited. On February 4, 2015, the injured worker submitted an application for IMR for review of acupuncture one time weekly for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for six weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. The patient has constant low back pain with radiation into the left buttock which was aggravated by prolonged sitting or standing. Based on the submitted medical records, there was no evidence of prior acupuncture care. Therefore, the patient may be a candidate for an initial trial of acupuncture. The provider's request for 6 acupuncture sessions is consistent with the guidelines and therefore is medically necessary at this time.