

Case Number:	CM15-0025052		
Date Assigned:	02/17/2015	Date of Injury:	04/18/2012
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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 66 year old female, who sustained an industrial injury on 04/18/2012. She has reported low back pain. The diagnoses have included low back pain; degenerative lumbar disc; bulging disc; spinal stenosis; and lumbar facet joint syndrome. Treatment to date has included medications, lumbar transforaminal epidural steroid injection, aquatic therapy, acupuncture treatments, and physical therapy. Medications have included Tramadol, Advil, and Voltaren Gel. Currently, the injured worker complains of constant aching pain in the bilateral aspects of the lower spine; and pain is rated at 7/10 on the visual analog scale. A progress report from the treating physician, dated 01/14/2015, included objective findings consisting of increased tenderness of the paraspinal muscles from L4-L5 to L5-S1 bilaterally; limited lumbar range of motion; positive facet joint maneuvers; and antalgic gait. The treatment plan included continuation of medication, independent home exercises, and aquatic therapy; and requests for lumbar facet joint injection and for eight sessions of acupuncture. On 01/20/2015 Utilization Review noncertified a prescription for Acupuncture 1 x week x 8 weeks Lumbar. The CA MTUS Guidelines was cited. On 02/10/2015, the injured worker submitted an application for Acupuncture 1 x week x 8 weeks Lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x week x 8 weeks lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines state that acupuncture may be extended with documentation of functional improvement. Based on the records, the patient completed 8 acupuncture sessions as of 3/5/2014. The provider noted that acupuncture provided pain relief and functional gains. The patient reported to be able to sleep better with acupuncture. However, there was no documentation of functional improvement from the acupuncture sessions provided. Therefore, the provider's request for 8 acupuncture session to the lumbar spine is not medically necessary at this time.