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| Case Number: | CM15-0037243 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 06/03/2013 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 01/29/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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 45 year old female, who sustained an industrial injury on June 3, 2013. Her diagnoses include lumbar sprain and sciatica. She has been treated with MRI, chiropractic therapy, physical therapy, a lumbar epidural steroid injection without relief, donut pillow, heating pad, anti-epilepsy and muscle relaxant medications, and temporarily totally disability. The records refer to a prior course of acupuncture, but do not provide specific dates or results. On January 13, 2015, her treating physician reports the injured worker complains of dull lumbar pain and worsening bilateral radicular pain. Her medication temporarily relieves the pain. The physical exam revealed bilateral lumbar region tenderness, positive straight leg raise testing and positive back pain. She walks with an altered gait. There was a decreased left patellar reflex and a positive right Lesague test. The treatment plan includes a request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions to lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the submitted records, it appears that the patient did not have acupuncture treatments in the past. The Acupuncture Medical Treatment guidelines recommend an initial acupuncture trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. The patient is a candidate for an initial trial of acupuncture sessions. Therefore, the provider's request for 6 acupuncture sessions to the lumbar spine is medically necessary.