

Case Number:	CM15-0038380		
Date Assigned:	03/09/2015	Date of Injury:	11/09/2013
Decision Date:	06/24/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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 (IW) is a 37-year-old male who sustained an industrial injury to the low back on 11/09/2013. Diagnoses include lumbago, lumbosacral spondylosis without myelopathy, myalgia and myositis-unspecified and thoracic or lumbosacral neuritis or radiculitis-unspecified. Treatment to date has included medications, home exercise program and physical therapy. According to the progress notes dated 1/29/15, the Injured Worker reported mild to severe low back pain, worse on the right, radiating to the toes; pain was rated 5-7/10 with pain in the legs, bilaterally, worse on the right. On examination, there was tenderness to the right paralumbar muscles with right gluteus, piriformis and other upper hip muscle group's tightness with trigger points. An MRI of the lumbar spine on 1/20/12 showed spondylosis at L3 to S1, posterior disc bulges at L3-L4 and L4-S1 without canal stenosis; a lobulated cyst was noted anterior to facet joint left L5-S1. A request was made for 12 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.