

Case Number:	CM15-0039148		
Date Assigned:	03/09/2015	Date of Injury:	03/22/1998
Decision Date:	04/15/2015	UR Denial Date:	03/02/2015
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 is a 65 year old female, who sustained an industrial injury on March 22, 1998. The mechanism of injury is not indicated within the records provided for this review. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, and lower leg joint pain. Treatment to date has included synvisc injection of the right knee, physical therapy, acupuncture, and medications. The injured worker is being seen for follow-up on February 9, 2015, for low back and right knee pain. She rates her low back pain as 7/10 on a pain scale, and indicates acupuncture along with medication has been helping, and has decreased her pain approximately 30%. She has indicated good results with cortisone injections to the right knee, and having had one year of pain relief. Acupuncture has resulted in a moderate decrease in pain. She also states that it helps her relax and focus less on her pain. It also helps her walk greater distances and be more flexible in regard to her lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture visits, as an outpatient for Low Back Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13 of 127.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.