

Case Number:	CM15-0046669		
Date Assigned:	03/18/2015	Date of Injury:	05/14/2014
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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 female, who sustained an industrial injury on May 14, 2014. She reported chronic low back pain and lumbar sprain. The injured worker was diagnosed as having low back pain. Treatment to date has included diagnostic studies, chiropractic care, acupuncture, medications and work restrictions. Currently, the injured worker complains of neck pain and chronic low back pain extending into the right leg and left buttock. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she was injured while lifting a box at work. Evaluation on October 23, 2014, revealed continued pain. Evaluation on October 31, 2014, revealed continued pain. Acupuncture was ordered and medications were renewed. Evaluation on December 5, 2014, revealed continued pain. It was noted she did not receive benefit with acupuncture therapy. The plan was to renew medications and to continue acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture visits, over 4 weeks, Lumbar Spine: Upheld

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

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 with no objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.