

Case Number:	CM15-0060429		
Date Assigned:	04/06/2015	Date of Injury:	05/27/2009
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/30/2015

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 51 year old male, who sustained an industrial injury on 5/27/2009. He reported feeling a "pop" in the lower back with progressive pain and numbness that radiated to the right leg and right foot. Diagnoses include lumbar disc herniation, left shoulder rotator cuff tear and SLAP tear, bilateral degenerative joint disease in knees. He is status post lumbar discectomy in 2009, lumbar fusion in 2010 and removal of hardware, bone and debridement in 2011. Treatments to date include medication therapy, acupuncture therapy, epidural steroid injections. Currently, they complained chronic progressive pain in low back, left shoulder; thigh, left knee, calf and right foot. Pain was rated a 5/10 VAS at best and 8/10 VAS at worst. On 12/9/14, the physical examination documented positive FABER and facet loading tests bilaterally in lumbar spine. The left shoulder was tender with a positive Hawkin's test. There was crepitus noted bilaterally in the knees with positive McMurray's tests. The examination dated 1/21/15, documented no changes in pain or objective findings despite physical therapy sessions. The plan of care included acupuncture treatment for lumbar spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 12/9/14, the patient completed 22 acupuncture sessions. It was reported that the patient had moderate pain relief from the acupuncture treatments in the past. However, there was no documentation of functional improvement from the acupuncture treatments in the past. Therefore, the provider's request for 6-acupuncture session is not medically necessary at this time.