

Case Number:	CM15-0061627		
Date Assigned:	04/07/2015	Date of Injury:	04/13/2012
Decision Date:	05/12/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/01/2015

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 4/13/12. He reported initial complaints of back pain. The injured worker was diagnosed as having L1 through S1 spondylosis; spinal stenosis L2-3, L304, L4-5 L5-S1 arachnoiditis/persistent stenosis L1-2. Treatment to date has included status post bilateral L3-L4/L4-L5 foraminotomy with right L4 laminectomy; right L2-3 foraminotomy with left L1-2 foraminotomy 99/21/12); Lumbar L1-L2 decompression exploration possible epidural abscess (10/18/12); radiofrequency rhizotomy lumbar L45 and L5-S1 (10 and 11/2014). Currently, the PR-2 notes dated 4/6/15 indicate the injured worker complains of stiffness in his neck and hard for him to lay completely flat on the floor. He states that it is very uncomfortable. He did see another provider on consultation for his left shoulder and currently pending authorization for an MRI to rule out a rotator cuff tear. The notes demonstrate the injured worker is taking his prescribed medication and is able to walk and bike with pain levels staying the same. The provider is requesting additional lumbar acupuncture x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar acupuncture x 12 additional sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.