

Case Number:	CM15-0062286		
Date Assigned:	04/08/2015	Date of Injury:	01/07/2005
Decision Date:	05/27/2015	UR Denial Date:	03/17/2015
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 66 year old male, who sustained an industrial injury on 1/07/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostics, lumbar discectomy, and medications. Magnetic resonance imaging of the lumbar spine (6/26/2014) was submitted. Currently (2/23/2015), the injured worker complains of severe pain, three months status post right L4-5 microdiscectomy for a foot drop. He was wearing an AFO brace and walking with a walker. He used Dilaudid for pain and Valium for muscle spasms in his right calf. The treatment plan included acupuncture (2x6) for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of severe pain and is 3 months status post right L4-5 micordisectomy for a foot drop. There was no evidence that the patient had prior acupuncture treatments. The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends 3-6 visits to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the guideline the patient is a candidate for 3-6 acupuncture sessions. However, the provider's request for 12 acupuncture session for the low back exceeds the guidelines recommendation of 3-6 visits. Additional acupuncture session beyond the 6 visit is recommended with documentation of functional improvement. The patient was authorized 3 of the 12 acupuncture visits. There was no documentation of the outcome of those visits. The provider's request for 12 acupuncture session to the low back is not medically necessary at this time.