

Case Number:	CM15-0062403		
Date Assigned:	04/08/2015	Date of Injury:	02/19/2011
Decision Date:	05/13/2015	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 32 year old female, who sustained an industrial injury on 02/19/2011. She reported acute onset of pain to the lower back after throwing a bag of garbage into a dumpster. The injured worker was diagnosed as having chronic low back pain with left lumbar radiculopathy with evidence of lumbar four to five disc herniation. Treatment to date has included electromyogram, magnetic resonance imaging of the lumbar spine, epidural injections, chiropractic therapy, medication regimen, and acupuncture. In a progress note dated 01/22/2015 the treating physician reports complaints of lower back pain across the lower back that is more prominent on the left than the right and radiating pain to the left buttock, left thigh, left calf, left Achilles, and left foot. The treating physician requested six sessions of acupuncture with the treating physician noting that the injured worker had moderate benefit from previous six sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture treatments for the lumbar spine: 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 recommends acupuncture for pain. It states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient received acupuncture treatment in the past. According to the report dated 3/19/2015, the provider reported that the patient completed 6 acupuncture treatments between 1/28/15 and 3/04/15. The patient reported reduced lower back pain and left leg pain. There was some improvement in sitting tolerance. However, there was no quantifiable documentation regarding functional improvement from prior acupuncture sessions. Therefore, the provider's request for 6 additional acupuncture sessions to the lumbar spine is not medically necessary at this time.