

Case Number:	CM15-0063897		
Date Assigned:	04/09/2015	Date of Injury:	04/16/2012
Decision Date:	05/13/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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 50 year old female, who sustained an industrial injury on April 16, 2012. She reported a sharp pain in her lower back. The injured worker was diagnosed as having lumbar radiculopathy, spinal/lumbar degenerative disc disease, sacroiliitis and sacroiliac pain. Treatment to date has included diagnostic studies, acupuncture, physical therapy, injections, medications and TENS unit. On March 11, 2015, the injured worker complained of lower backache. She rated her pain with medications as a 3.5 on a 1-10 pain scale and as a 7/10 on the pain scale without medications. She denies new problems or side-effects. Her activity level has remained the same. She has completed four sessions of acupuncture and notes some improvement. The treatment plan included additional sessions of acupuncture, medications, recommendation of facet injections and rhizotomy, new TENS unit pads, consultation, gym membership and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Acupuncture Treatment: 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 trial with mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.