

Case Number:	CM15-0065075		
Date Assigned:	04/13/2015	Date of Injury:	12/06/2012
Decision Date:	05/27/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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 34-year-old female, who sustained an industrial injury on 12/6/2012. The current diagnoses are lumbar sprain/strain with pain radiating to the lower extremities. According to the progress report dated 1/15/2015, the injured worker complains of moderate spasms and tenderness in her low back pain. The current medications are Norco. Treatment to date has included medication management, physical therapy, and back brace. The plan of care includes 8 acupuncture sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lumbar spine, twice weekly for four weeks: 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 guidelines recommend acupuncture for pain. It recommends 3-6 visits to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. Upon reviewing the

medical records, there was no evidence that the patient had prior acupuncture therapy. Therefore, an initial acupuncture trial may be necessary. However, the provider's request for 8-acupuncture session exceeds the guidelines recommendation of 3-6 visits. Additional acupuncture beyond 6 visits is necessary with documentation of functional improvement. Therefore, the provider's request is inconsistent with the evidence-based guidelines and at this time, the provider's request is not medically necessary.