

Case Number:	CM15-0066248		
Date Assigned:	04/14/2015	Date of Injury:	03/19/2000
Decision Date:	05/18/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/07/2015

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 59 year old female, who sustained an industrial injury on March 19, 2000. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included lumbar spine MRI, lumbar surgery, and medication. Currently, the injured worker complains of back and radicular pain. The Primary Treating Physician's report dated January 14, 2015, noted the injured worker continued to have symptoms with medications refilled. A lumbar spine MRI dated January 30, 2015, was noted to show a protruding disc and facet arthropathy at L4-L5 causing mild left neural foraminal narrowing and postsurgical changes at L5-S1 with metallic susceptibility artifacts without significant stenosis of the central canal or narrowing of the neural foramina detectable.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions, Acupuncture Treatments: Overturned

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 chronic pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. There was no evidence of prior acupuncture sessions. The patient complained of back and radicular pain. The current prescription for acupuncture would most accurately be evaluated as an initial trial based on the submitted documents. The provider's request for 6 acupuncture session is consistent with the evidence guidelines for an initial acupuncture trial. Therefore, the provider's request is medically necessary at this time.