

Case Number:	CM15-0067951		
Date Assigned:	04/15/2015	Date of Injury:	04/09/2011
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/09/2015

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 (IW) is a 57-year-old male who sustained an industrial injury on 04/09/2011. Diagnoses include lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, sciatica and degeneration of the lumbar or lumbosacral intervertebral disc. Treatment to date has included medications, physical therapy, home exercise and acupuncture. No diagnostic testing was included in the documentation submitted. According to the progress notes dated 3/19/15, the IW reported pain from his back to his foot; complained of increased neuropathy pain. A request was made for acupuncture 12 visits due to past treatment being beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 visits: 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 states that acupuncture may be extended with documentation of functional improvement. The patient complained of back

pain. Treatments included medications, physical therapy, home exercises, and acupuncture. The provider reported that the patient was extremely well with acupuncture. It was helping with activities of daily living. Acupuncture provided substantial symptom relief and control with acupuncture therapy. It was noted that the patient was able to bike for 30-60 minutes. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture treatments. Therefore, the provider's request for 12-acupuncture session is not medically necessary at this time.