

Case Number:	CM15-0068146		
Date Assigned:	04/15/2015	Date of Injury:	09/11/2014
Decision Date:	05/19/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/10/2015

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 36 year old male who sustained an industrial injury on 9/11/14. He has reported initial complaints of low back injury with pain. The diagnoses have included low back pain, lumbar disc degeneration, lumbar root compression, facet arthropathy, myofascial syndrome and lumbar spondylosis. Treatment to date has included medications, physical therapy, injections, acupuncture and home exercise program (HEP). The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV), Magnetic Resonance Imaging (MRI) of the lumbar spine, and urine drug testing. Currently, as per the physician progress note dated 3/11/15, the injured worker complains of low back pain. It was noted that he was referred to pain management to help manage the pain. The injured worker reported that he has finished acupuncture sessions and felt that they have benefitted him and would like to have more sessions. The physical exam of the lumbar spine revealed diffuse tenderness to palpation. The physician noted that he requested a cane and the injured worker never received it so he will request it again and he will also request 6 more acupuncture sessions. He is also to follow up with pain management and a urine drug screen was obtained. The previous acupuncture therapy sessions were noted. The current medications were not noted and the urine drug test was not noted. The physician requested treatment included Acupuncture therapy for the low back 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy, low back, 6 sessions: 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 states that acupuncture may be extended with documentation of functional improvement. The patient received acupuncture treatments in the past. According to the progress report dated 2/6/2015, the acupuncture provider noted that after the 5th treatment the patient reported slightly reduced lumbar pain. In addition, the patient was able to walk for longer than 10 minutes and noted increase 2 hours of sleep. Based on the documentation of functional improvement, the provider's request for 6 additional acupuncture sessions to the low back is medically necessary at this time.