

Case Number:	CM15-0068711		
Date Assigned:	04/16/2015	Date of Injury:	09/11/2001
Decision Date:	05/20/2015	UR Denial Date:	03/27/2015
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 50 year old male, who sustained an industrial injury on 9/11/01. He reported pain in the lower back. The injured worker was diagnosed as having cervical stenosis, lumbar degenerative disc disease and lumbar facet arthropathy. Treatment to date has included acupuncture x 20 sessions, physical therapy and chiropractic treatments. As of the PR2 dated 2/26/15, the injured worker reports increased low back pain. He rates his pain a 5/10 currently, but 8/10 at the worst. The treating physician noted tenderness to palpation and spasms in the lumbar spine. The treating physician noted that acupuncture has helped the injured worker moderately and improved his sleep. The treating physician requested acupuncture x 8 sessions for the lumbar and sacral vertebrae.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 (8 sessions), lumbar and/or sacral vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of low back pain. The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient received 20 acupuncture sessions. It was noted that acupuncture helped the patient moderately and improved the patient's sleep. However, there was no objective quantifiable documentation regarding functional improvement. Therefore, the provider's request for 8 additional acupuncture sessions for the lumbar and sacral vertebrae is not medically necessary at this time.