

Case Number:	CM15-0069285		
Date Assigned:	04/16/2015	Date of Injury:	10/28/2014
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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:

This 28 year old female sustained an industrial injury to the neck and back on 10/28/14. Previous treatment included x-rays, physical therapy, acupuncture, home exercise and medications. In a PR-2 dated 2/26/15, the injured worker reported that her low back pain was improving with acupuncture. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine paraspinal musculature and sacroiliac joint with decreased range of motion. Current diagnoses included cervical spine, lumbar spine and thoracic spine sprain/strain. The treatment plan included continuing acupuncture and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 6, 18 session: 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 guideline states that acupuncture may be extended with documentation of functional improvement. The patient received acupuncture treatments in the past. The provider noted that the patient's low back pain was improving with acupuncture. However, there was no documentation of functional improvement. Therefore, additional acupuncture is not medically necessary at this time. The provider's request for 18 acupuncture session is not medically necessary.