

Case Number:	CM15-0070183		
Date Assigned:	05/18/2015	Date of Injury:	08/26/2014
Decision Date:	06/18/2015	UR Denial Date:	04/03/2015
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:

The injured worker is a 64-year-old female, who sustained an industrial injury on 8/26/2014. She reported low back and left hip pain, after losing her balance and falling. The injured worker was diagnosed as having back pain and pelvis thigh pain in joint. Treatment to date has included medications, magnetic resonance imaging, and physical therapy. The request is for acupuncture. On 2/5/2015, she complained of left hip pain, which was made worse with flexion of the left leg and internal rotation. On 3/9/2015, she complained of low back and left hip pain. Her pain is not rated. On 3/20/2015, she complained of left hip and low back pain. She indicated her pain to be worst in the morning upon waking, and improved with walking. She is reported to have had physical therapy and massage which was not effective. The treatment plan included acupuncture of the left hip and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture left pelvis and thigh times 3 visits: Overturned

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 and leg pain. The patient reported that the pain was made worse in the morning upon waking and improved with walking. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. The request is for an initial trial of acupuncture. Originally, the provider requested 12 acupuncture sessions and then modified the request to 6-acupuncture session to be consistent with the evidence-based guidelines regarding initial acupuncture trial. The patient was authorized 3 acupuncture sessions. Three sessions of acupuncture session is within the guideline for an initial trial, however, the three sessions of acupuncture session appears to be inadequate to address the left pelvis and hip. The provider's request for additional 3-acupuncture session for a total of 6-acupuncture session is medically necessary at this time and is consistent with the evidence-based guidelines regarding initial acupuncture sessions.