

Case Number:	CM15-0073092		
Date Assigned:	04/23/2015	Date of Injury:	07/01/2001
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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 73 year old male, who sustained an industrial injury on 07/01/2001. According to a follow up report dated 03/05/2015, the injured worker complained of a significant amount of pain. Location of pain was not specified. The provider noted that the injured worker had significant disc herniations and foraminal stenosis with compromise of the nerve roots. There was no indication of any significant changes in the injured worker's condition. Treatments to date have included psychotherapy, medications, lumbar epidural injections, neck and back surgery. The provider noted that since physical therapy had been denied, he would request 12 sessions of acupuncture to the lower back as well as the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has chronic low back pain. According to the appeal letter dated 4/14/2015, the patient received acupuncture in the past. The patient reported that acupuncture reduced pain, increase functional capacity, facilitates activities of daily living, and allowed him to be more functional. In addition, it also helped reduced the need for taking oral pain medications and allowed the patient to sleep more comfortably at night without awaking due to the pain and discomfort. The Acupuncture Medical Treatment guideline state that acupuncture may be extended with documentation of functional improvement. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture sessions. There was no documentation as to which oral medication was reduced after the acupuncture treatments. Therefore, additional acupuncture sessions are not warranted. The provider's request for additional acupuncture is not medically necessary at this time.