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| Case Number: | CM15-0076035 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 07/10/1997 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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 63 year old female, who sustained an industrial injury on 7/10/1997. The current diagnoses are lumbago, degeneration of the lumbosacral intervertebral disc, thoracic or lumbosacral neuritis/radiculitis, myalgia/myositis, disturbance of skin sensation, and esophageal reflux. According to the progress report dated 3/27/2015, the injured worker complains of back pain associated with persistent leg weakness, bilateral para lumbar tightness, and left calf cramps. The pain is rated 6-7/10 on a subjective pain scale. The current medications are Tramadol, Acetaminophen, Prilosec, and Lorazepam. Treatment to date has included medication management, physical therapy (temporary relief), home exercise program, and acupuncture (good functional gain). The plan of care includes 12 additional acupuncture sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x12 once a week for the Lumbar Spine: Upheld

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 recommends acupuncture for pain. It states that acupuncture may be extended with documentation of functional improvement. There was evidence that the patient had prior acupuncture therapy session. The provider reported that the patient completed acupuncture with good results. The patient was able to walk longer with less fatigue and heaviness. The acupuncture provider stated in her letter dated 2/14/2015, that the patient's pain decrease 40% and was able to walk better. In addition, her intake of medication was less. The provider did not document the amount of medication that was reduced after acupuncture treatments. However, there was no objective documentation regarding functional improvement. Therefore, the provider's request for 12 additional acupuncture sessions to the lumbar spine is not medically necessary at this time.