

Case Number:	CM15-0079760		
Date Assigned:	04/30/2015	Date of Injury:	01/13/2012
Decision Date:	06/02/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/27/2015

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 37 year old male who sustained an industrial injury on 1/13/12 when he was stepping of the back of his truck he experienced sharp pain in the left lower back that shot down into the left gluteal region. He received medication, x-rays and was placed on modified duty. He also had physical and chiropractic treatments which were helpful. He currently complains of neck stiffness. He has restricted range of motion of the lumbar spine. Medication is Motrin. Diagnoses include lumbar radicular syndrome; chronic groin strain; chronic lumbar musculoligamentous sprain/ strain. Treatments to date include lumbosacral support. Diagnostics include MRI of the lumbar spine (3/2/12) unremarkable. In the progress note dated 2/27/15 the treating provider's plan of care includes acupuncture to further attenuate his pain level. The injured worker has not been able to attend sessions due to work schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 sessions 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 guidelines recommend acupuncture for pain. It recommends 3-6 visits to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted documents, it appears that the patient has not received acupuncture treatments. However, the provider's request for 8 acupuncture session to the lumbar spine exceeds the guidelines recommendation of 3-6 visits to produce functional improvement. The patient was authorized 6 acupuncture session out of the 8 requested which is consistent with the acupuncture medical treatment. Additional acupuncture session beyond the 6 visits is recommended if there is documentation of functional improvement from prior treatment. Therefore, an acupuncture trial may not be necessary.