

Case Number:	CM15-0091116		
Date Assigned:	05/15/2015	Date of Injury:	11/12/2002
Decision Date:	06/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/12/2015

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 58 year old male, who sustained an industrial injury on 11/12/02. He reported initial complaints of back pain. The injured worker was diagnosed as having thoracic sprain/strain; lumbar spine sprain/strain; degenerative disc disease, thoracic and lumbar spine. Treatment to date has included chiropractic therapy; acupuncture; medications. Diagnostics included a MRI lumbar spine (10/24/11); EMG/NCV lower extremities (2/13/13); X-ray thoracic and lumbar spine (12/23/13); MRI lumbar spine 2/2014). Currently, the PR-2 notes dated 3/18/15 indicated the injured worker complains of low back pain with occasional referred pain to the posterior aspect of the right lower extremity. He has had a reasonable response to acupuncture in the past and would like to try another course. He also has intermittent neck pain. He has an MRI lumbar spine 2/2014 with impression of interval decreased size of left subarticular focal disc extrusion with cephalad extension at L5-S1 with associated decreased in mass effect on the transitioning left S1 nerve root; otherwise unchanged multilevel multifactorial degenerative changes. The provider is requesting acupuncture for lumbar spine 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for lumbar spine Qty 6: 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 and leg pain. The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It states that acupuncture may be extended with documentation of functional improvement. The provider reported that after his previous course of acupuncture treatment, the patient was able to significantly improve his activities of daily living with much less pain, greater tolerance, and endurance. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture sessions. Therefore, the provider's request for 6 acupuncture session is not medically necessary at this time.