

Case Number:	CM15-0094384		
Date Assigned:	08/07/2015	Date of Injury:	01/27/2015
Decision Date:	09/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/17/2015

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(n) 42-year-old male, who sustained an industrial injury on 1-27-15. He reported pain in his back related to pushing several large carts on a daily basis. The injured worker was diagnosed as having chronic strain of thoracolumbosacral spine and associated musculoligamentous structures. Treatment to date has included chiropractic treatments and acupuncture in the past with some benefit. As of the PR2 dated 3-12-15, the injured worker reports pain in his back and left knee. Objective findings include tenderness at L3-S1 on the left and decreased lumbar range of motion. The treating physician requested acupuncture.

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: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional acupuncture sessions which were non-certified by the utilization review. The number of visits is

unknown. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional acupuncture treatments are not medically necessary.