

Case Number:	CM15-0095016		
Date Assigned:	05/21/2015	Date of Injury:	06/14/2010
Decision Date:	06/26/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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 53-year-old female, who sustained an industrial injury on June 14, 2010. The injured worker was diagnosed as having low back pain, lumbar disc displacement, lumbar radiculopathy, and postlaminectomy syndrome of the lumbar region. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of lower back pain, with sciatica to the right leg after prolonged sitting, with numbness, paresthesia, and weakness noted, and bilateral knee pain with decreased range of motion (ROM) and stiffness. The Primary Treating Physician's report dated April 2, 2015, noted the injured worker reported bilateral low back pain that radiated to the right buttock causing constant discomfort. The injured worker reported her pain had increased since previous visit, rated 4/10, currently taking no medication. Physical examination was noted to show paralumbar spasm 2+ with tenderness to palpation on the right with atrophy in the quadriceps, and straight leg raise positive on the right. Range of motion (ROM) of the spine was noted to be limited secondary to pain, with sensation to light touch decreased on the right in the lateral thigh, in the lateral foot. The treatment plan was noted to include Flexeril and Norco, with requests for authorization for acupuncture and refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.