

Case Number:	CM15-0096586		
Date Assigned:	05/26/2015	Date of Injury:	09/08/2013
Decision Date:	07/02/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/19/2015

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 30-year-old female who sustained an industrial injury on September 8, 2013. She has reported right hip girdle pain and has been diagnosed with chronic low back pain/strain, probable sacroiliac joint mediated pain bilaterally, chronic opioid medication management status post understanding of risks and benefits associated with opioid medication management, completely off opioids, and MRI lumbar spine dated December 18, 2013 with mild disc bulging and mild facet arthropathy. Treatment has included injections, medications, chiropractic care, a home exercise program, and physical therapy. Physical examination noted the injured worker walker with a limp. There was no erythema along the low back. She was tender along the right sacroiliac joint. There was no fluctuance palpated. Hip range of motion bilaterally did not cause increased pain. Patella and Achilles reflexes were symmetric. The treatment request included additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture (sessions) QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of right hip girdle pain. According to the progress report dated 5/8/2015, the patient completed 6 acupuncture sessions. The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The provider reported that the patient's low back pain has improved with acupuncture and that the patient was able to walk 0.5 miles comfortable. There was no objective quantifiable documentation regarding functional improvement. Therefore, the provider's request for 6 additional acupuncture sessions is not demonstrated to be medically necessary.