

Case Number:	CM15-0096596		
Date Assigned:	05/26/2015	Date of Injury:	02/02/2015
Decision Date:	06/29/2015	UR Denial Date:	04/30/2015
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: 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 61 year old male, who sustained an industrial injury on 2/2/15. He reported initial complaints of lumbar spine injury. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included physical therapy; lumbar support; medications. Diagnostics included x-rays lumbar spine 4/1/15. Currently, the PR-2 notes dated 4/1/15 indicated the injured worker was referred by another provider for this initial orthopedic evaluation. The injured worker is complaining of low back pain and lower extremity radiculopathy. He had been diagnosed on initial injury 2/2/15 of lumbar sprain with right leg radiculopathy and prescribed physical therapy, anti-inflammatories and a lumbar support. He felt no benefit from any of these and continues to have pain in the back radiating to the right leg. On physical examination of the lumbar spine he has tenderness over the lumbar spine, paraspinal musculature with mild spasm. He ambulates with the use of a cane and has positive straight leg raise on the right and negative on the left. His range of motion on forward flexion is 40 degrees, extension 20 degrees and side to side bending rotation is 20 degrees each on the back. He has noted pain with range of motion of the back. X-rays of the lumbar spine demonstrate mild degenerative disc disease. The provider's treatment plan includes a requested for a MRI of the lumbar spine. He has also requested acupuncture x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.