

Case Number:	CM15-0097360		
Date Assigned:	05/28/2015	Date of Injury:	04/06/2013
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/20/2015

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 56-year-old male injured worker suffered an industrial injury on 04/06/2013. The diagnoses included chronic lumbosacral sprain, possible sciatica, and likely discogenic disease. The diagnostics included lumbar magnetic resonance imaging, nerve conduction velocity studies. The injured worker had been treated with medications. On 2/24/2015, the treating provider reported discomfort, stiffness and pain in the low back. He had difficulty sleeping, going up and down stairs and going shopping. The symptoms are in the mid back and extend distally into the right buttock and thigh with tingling. On exam, there was moderate lumbar muscle spasms and reduced range of motion. There is some hypoesthesia over the lateral right thigh. The treatment plan included Acupuncture. Six acupuncture visits were authorized on 5/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 9 sessions lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. Therefore, nine further visits of acupuncture are not medically necessary.