

Case Number:	CM15-0097424		
Date Assigned:	05/28/2015	Date of Injury:	11/22/2014
Decision Date:	07/01/2015	UR Denial Date:	04/30/2015
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 injured worker is a 34 year old male who sustained an industrial injury on 11/22/14. Initial complaints include low back pain. Initial diagnoses include lumbar sprain/strain. Treatments to date include 12 sessions of chiropractic therapy with a reported mild decrease in pain. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include lumbar and thoracic spine strain/sprain, headaches, and left tennis elbow and golfers elbow. In a progress note dated 04/17/15 the treating provider reports the plan of care as physical therapy and acupuncture. The requested treatments include is acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture for the low back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain of six or less treatments.

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. Since the claimant has not had prior acupuncture, six sessions of acupuncture are medically necessary as a trial.