

Case Number:	CM15-0098528		
Date Assigned:	05/29/2015	Date of Injury:	10/18/2000
Decision Date:	06/26/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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 67 year old female, who sustained an industrial injury on October 18, 2000. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbosacral or thoracic neuritis. Diagnostic studies were not included in the provided medical records. Treatment to date has included acupuncture, a home exercise program, transcutaneous electrical nerve stimulation (TENS), and medications including pain and non-steroidal anti-inflammatory. On May 6, 2015, the injured worker complains of low back pain radiating to the bilateral lower extremities with acute pain for more than 1 week. Her pain level is 10 - severe. Past acupuncture has decreased the pain. She uses pain medication for pain control when her pain is increased. The physical exam revealed an antalgic gait, abnormal reflexes, minimal tenderness to palpation of the thoracolumbar paraspinal muscles, decreased left hip flexors muscle strength, and decreased sensation of the left lower extremity. The treatment plan includes 12 sessions of acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The UR determination of 5/11/15 denied the request for 12 additional Acupuncture treatments citing CA MTUS Acupuncture Treatment Guidelines. The patient had received prior Acupuncture care before the 5/6/15 request for an additional 12 sessions. Although the CA MTUS Acupuncture Treatment Guidelines support additional care, clinical evidence of functional improvement following a prior course of care is required. The medical necessity for the requested 12 additional visits of Acupuncture was not supported by the records reviewed or comply with CA MTUS Acupuncture Treatment Guidelines. Therefore, the request is not medically necessary.