

Case Number:	CM13-0057799		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2013
Decision Date:	04/09/2015	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 47-year-old male, who sustained an industrial injury reported on 5/16/2013. He reported lumbar spasm pain. The diagnoses were noted to include lumbar strain, lumbar herniated nucleus pulposus, and left lumbar radiculopathy. Treatments to date have included consultations; diagnostic imaging studies; electromyography studies on the lower extremities (8/6/13); prior physical therapy treatments that included electrical stimulation, thermal agents and manual therapies; a home transcutaneous electrical stimulation unit; refusal of epidural steroid injection therapy; home exercise program; and medication management. The work status classification for this injured worker (IW) was not noted to be temporarily totally disabled and has not worked since 5/27/2013, and until 12/19/2013. On 11/15/2013, Utilization Review (UR) modified, for medical necessity, the request, made on 11/8/2013, for 12 Acupuncture sessions, 2 x a week x 6 weeks, to the lumbar spine, per the IW request and for the diminution of medication, to 2 x a week x 3 weeks, or 6 sessions. The Medical Treatment Utilization Schedule, chronic pain medical management treatment guidelines, acupuncture medical treatment guidelines, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for three weeks 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: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture sessions, which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.