

Case Number:	CM14-0111946		
Date Assigned:	08/04/2014	Date of Injury:	04/03/1997
Decision Date:	09/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female who reported injury on 03/03/1997. The mechanism of injury was not provided. The injured worker was noted to have undergone multiple surgeries including a lumbar spine fusion, 2 spinal cord stimulator trials, intrathecal pain pump, and multiple epidural steroid injections. The prior treatments included acupuncture and 6 sessions of chiropractic treatment. The documentation of 06/11/2014 revealed the injured worker had complaints of low back pain, left lower extremity pain and right lower extremity pain. The documentation indicated the injured worker was able to complete her activities of daily living with less discomfort after acupuncture and had an improvement of symptoms. The injured worker indicated she was able to participate in family life and recreational activities with less discomfort as a result of acupuncture. The pain was rated as a 7/10. The injured worker had associated numbness in the left leg and tingling. The injured worker indicated she had trialed acupuncture which was effective. The injured worker's current medications were noted to be Desoxyn 5 mg tablets 3 times a day, gabapentin 600 mg #90 one every 6 to 8 hours, Lunesta 3 mg tablets as needed, Lyrica 50 mg tablets 1 daily, Norco 10/325 mg tablets 1 every 6 to 8 hours, OxyContin 40 mg tablets 1 to 2 tablets by mouth, 3 times a day, Provigil 200 mg tablets 1 at bedtime, Zofran 8 mg tablets as needed, and Ambien 5 mg tablets 1 at bedtime. The physical examination revealed the injured worker had decreased range of motion limited by pain. The injured worker had spinous process tenderness at L5. The straight leg raise was positive bilaterally at 90 degrees in the sitting position. The diagnoses included thoracic or lumbosacral neuritis or radiculitis not otherwise specified, postlaminectomy syndrome of the lumbar region, chronic pain syndrome and lumbago. The treatment plan included 6 additional sessions of acupuncture. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, QTY: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. The term "functional improvement" means either clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination. The clinical documentation submitted for review indicated the injured worker had objective functional improvement with the prior acupuncture treatments. However, there was a lack of documentation indicating the injured worker had pain medication that was reduced or not tolerated and that the treatment would be used as an adjunct to physical rehabilitation. Given the above, the request for acupuncture for the lumbar spine, 6 sessions is not medical necessary.