MAXIMUS Federal Services

Case Number:	CM14-0121558		
Date Assigned:	09/16/2014	Date of Injury:	04/13/2009
Decision Date:	12/15/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This injured worker is a 54 year old female with an injury date of 4/13/09. No work status was provided for this injured worker. Based on the 3/1014 Electrodiagnostic Consultation Report by [redacted], to evaluate the bilateral lower extremities to rule out lumbar radiculopathy versus entrapment neuropathy. The injured worker complains of "back pain with radiation to both feet; numbness in both feet, weakness in legs, as well as bilateral hip and knee pain." Physical exam shows range of motion of the lumbar spine "is restricted," though motor strength in all major muscle groups is 5/5, sensation is normal, and deep tendon reflexes are normal and symmetrical." Electrodiagnostic impressions:1. No electroneurographic evidence of entrapment neuropathy was seen in the lower extremities.2. Electromyographic indicators of acute lumbar radiculopathy were not seen.Diagnoses according to the 1/27/14 report:1. Cervical, thoracic, and lumbar spine strain.2. Cervical radicular syndrome.3. Left-sided lumbar radiculopathy.4. Bilateral rotator cuff tendinitis and impingement syndrome.5. Bilateral carpal tunnel syndrome.The utilization review being challenged is dated 7/23/14. The request is for 12 sessions of acupuncture at 2 times of week for 6 weeks for the cervical/lumbar spine and right shoulder with stimulation 15 minutes. The requesting provider is [redacted] and he has provided two progress reports from 1/27/14 and 3/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Acupuncture at 2 Times a Week for 6 Weeks for the Cervical/Lumbar Spine and Right Shoulder with Stimulation 15minutes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc page13

Decision rationale: The treating physician requests 12 Sessions of Acupuncture at 2 Times of Week for 6 Weeks for the Cervical/Lumbar Spine and Right Shoulder with Stimulation 15 Minutes.MTUS guidelines for acupuncture state "it may be used as an option when pain medication is reduced or not tolerated, it may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Treatments may be extended if functional improvement is documented. Given the back pain, bilateral hip and knee pain, a short course of six trial sessions may be supported, but the request is for 12 sessions of acupuncture. Utilization review non-certified the request, stating "As of 6/14, the injured worker was getting acupuncture," and "there is no indication how many sessions she had or the effect on her functionality." Review of submitted documents did not include the "6/14" report that was referenced. However, there was a request for authorization for "acupuncture without stimulation 15 minutes," submitted on 4/01/14. If the injured worker already had trial six sessions, the treating physician did not document functional improvement as defined by Labor Code 9792.20(e) that require significant change in ADL's, or change in work status, and decreased dependence on other medical treatments. Given the lack of sufficient documentation to establish additional 12 sessions of acupuncture as a medical necessity and absence of documents regarding the reduction or intolerance of pain medications, nor use of acupuncture as adjunctive therapy, the request for 12 Sessions of Acupuncture at 2 Times a Week for 6 Weeks for the Cervical/Lumbar Spine and Right Shoulder with Stimulation 15minutes is not medically necessary.