

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0165187 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 03/24/2007 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Occupational Medicine 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:

Patient is a 38 year-old female with date of injury 03/24/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/17/2014, lists subjective complaints as low back and neck pain with radicular symptoms to all extremities. Patient is status post lumbar laminectomy and microdiscectomy of left L5-S1 on 04/05/2007 and exploration with foraminotomies and discectomy of L5-S1 on 04/30/2008 with instability at L5-S1. PR-2 provided for review was handwritten and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation and spasm of the paravertebral muscles. Range of motion was reduced with pain. Straight leg raising was positive bilaterally at 70 degrees. Diagnosis: 1. Spinal discopathy 2. Status post L5-S1 surgery. It was noted in the records that the patient had completed sessions of physical therapy and acupuncture post-operatively, but the dates and number of visits was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment with electrical stimulation, for the lumbar spine, 1 time a week for 8 weeks, quantity: 8 sessions,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 8 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture treatment with electrical stimulation, for the lumbar spine, 1 time a week for 8 weeks, quantity: 8 sessions, is not medically necessary.