

Case Number:	CM14-0179173		
Date Assigned:	11/03/2014	Date of Injury:	03/19/2008
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal 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:

The injured worker (IW) is a 55-year-old woman with a date of injury of March 19, 2008. The IW was working at [REDACTED] sorting shoes and putting the shoes in boxes. She was hit from behind by a machine that another employee was using. This caused her to have low back pain. The IW had a lumbar MRI, epidural steroid injections (ESI) X 2 in 2013, which did not help. She saw a spine surgeon who said that spine surgery was not indicated. Her last physical therapy was a couple years ago and was somewhat helpful. She has never had acupuncture or chiropractic treatment. The MRI of the lumbar spine dated September 7, 2011 revealed L2-L3 with a 1 mm disc bulge posteriorly, and L4-L5 with a 2 mm disc bulge posteriorly greater to the left with an associated annular disc tear. There is a mild encroachment upon the bilateral neural foramina at this level. There is no central canal stenosis seen. Pursuant to the progress note dated October 6, 2014, the IW complains of back pain that radiates down the entire left leg. She had benefits with medications. Pain levels without medications are 8/10, and with medication pain is rated 7/10. Objective physical findings revealed pain with palpation in the lumbar spine/lumbar paraspinals. She has pain with lumbar extension. Straight leg raise is negative, but does cause leg pain in no particular dermatomal distribution. She states it is the entire left leg. The IW has been diagnosed with low back pain, and s/p left L5-S1 transforaminal ESI on 5/3/13 and 5/17/13 with minimal benefit. Current medications include Colace 100mg, Motrin 800mg, Effexor 37.5mg, and Tramadol 50mg. Treatment plan recommendations include medications, and a trial of six acupuncture treatment as the IW has not had acupuncture for the back. She will be returning in 1 month to be evaluated for acupuncture treatment effectiveness.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG); Pain Section, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), six acupuncture sessions are not medically necessary. The ODG provides the acupuncture guidelines. They recommend an initial trial of 3 to 4 visits over two weeks with evidence of reduced pain, medication use and objective functional improvement. A total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. In this case, the injured worker is a 57-year-old woman with a date of injury March 19, 2008. She had continued low back pain complaints with radiation down the left leg. Objective physical findings were notable for lumbar spine tenderness and negative straight leg raising. The treating physician requested six acupuncture sessions. The guidelines, however, recommend 3 to 4 visits over two weeks with documentation of objective functional improvement before additional visits are approved. Consequently, six acupuncture sessions are not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, six acupuncture sessions are not medically necessary.