

Case Number:	CM14-0027683		
Date Assigned:	06/13/2014	Date of Injury:	03/01/2013
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/04/2014

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 & Preventative 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 is a 50-year-old female with an injury date noted as 03/01/2013. Mechanism of injury noted as repetitive motion. She has been diagnosed with lumbar region disc disorder (722.93), lumbar/lumbosacral disc degeneration (722.52), and anxiety states (300.0). On 11/14/2013 the patient underwent follow-up evaluation regarding her cervical spine, bilateral shoulders, and lumbosacral spine. On 11/14/2013 she reported attending 12 sessions of acupuncture treatment, which reportedly increased range of motion and decreased pain. The patient was to continue acupuncture treatment at a frequency of 1 time per week for 4 weeks, directed to the lumbar spine and upper extremities. On 01/20/2014 the patient underwent orthopedic evaluation for continued complaints of low back pain, worse with sleeping, pain radiating down the posterior aspect of both thighs and calves to the feet, right greater than left, and numbness and burning sensations in her right posterior thigh and calf. A course of 12 sessions of acupuncture was requested as the patient reportedly had 8 prior sessions of acupuncture with benefit. Six sessions of acupuncture to the lumbar spine were certified from 02/06/2014 through 03/31/2014. The patient was evaluated on 03/05/2014 and reported favorable response to a course of 6 sessions of acupuncture, and the provider recommended 12 additional sessions for pain, muscle spasm, and inflammation. The patient underwent Agreed Medical Examinations on 01/30/2014 and 03/13/2014. On 03/13/2014, the physician reported, "Overall, there has been no significant change in her condition," and the physician reported she had attained Maximum Medical Improvement. Lower extremity electrodiagnostic studies of 03/13/2014 revealed normal EMG and NCS. On 04/14/2014, there was a request for 12 sessions of acupuncture. On 04/14/2014 she was evaluated for ongoing low back pain. She reported improvement of numbness and burning in her right posterior thigh and calf with acupuncture therapy. By examination on 04/14/2014, motor and sensory function of the lower extremities

were intact, straight leg raise was negative seated bilaterally, gait was normal, lumbar range of motion was 75% of normal in all planes due to pain, and there was tenderness to palpation over the lumbosacral midline. She was diagnosed with lumbar disc disorder, herniated disc lumbar spine without myelopathy, and lumbosacral degenerative disc disease at L5-S1. The patient had reportedly responded favorably to prior acupuncture, and the provider requested 8 additional sessions of acupuncture. On 05/28/2014, the patient was seen for Maximum Medical Improvement evaluation. She was diagnosed with lumbar strain, central disc protrusion with annular tear L5-S1, and degenerative disc disease L5-S1. On 05/28/2014, she was deemed to have achieved Maximum Medical Improvement. There was a request for 12 additional acupuncture sessions to the lumbar spine, and 6 visits were certified from 05/06/2014 to 07/06/2014. There is a current request for 12 sessions of acupuncture to the lumbar spine at a frequency of 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNCTURE TO THE LUMBAR SPINE 2 TIMES PER WEEK FOR 6 WEEKS (QTY:12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Although the patient had treated with numerous prior acupuncture sessions, reportedly exceeding treatment trial recommendations, there were no records to provide evidence of functional improvement with care already completed; therefore, additional acupuncture treatment sessions are not supported to be medically necessary. The Acupuncture Medical Treatment Guidelines report acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no documentation the patient was reducing medication or medication was not tolerated, and there is no documentation acupuncture was to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Therefore, the requested acupuncture treatment sessions are not supported to be medically necessary.