

Case Number:	CM14-0197699		
Date Assigned:	12/05/2014	Date of Injury:	04/23/2002
Decision Date:	01/26/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 Acupuncturist, has a subspecialty in Chiropractic 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:

According to the records made available for review, this is a 72-year-old female with a date of injury on 04/23/2002. Medical records provided did not indicate the injured worker's mechanism of injury from 04/23/2002, but documentation from 06/02/2014 indicated that the injured worker sustained an injury on 03/20/1998 where the injured worker slipped and fell landing on her back; and on 12/04/1998 the injured worker tripped in the work parking lot and landed on her knees and elbows. Documentation from 09/24/2014 indicated the diagnoses of osteoarthritis in multiple joints, cervical spondylosis, lumbar sacral radiculopathy, fibromyalgia, and myositis. Documentation from 11/03/2014 also noted low back pain secondary to post laminectomy syndrome, myofascial pain, and fracture of the right ankle status post open reduction and internal fixation with a three month stay in nursing facility in 2014. Documentation from 06/02/2004 also noted the injured worker to be status post lumbar fusion on 05/17/2002. Subjective findings from 11/03/2014 were remarkable for lower back pain. Physical examination from this date was remarkable for a pain level of an eight out of ten with pain upon palpation of the lumbar facet on bilateral sides of lumbar three to sacral one region over the lumbar intervertebral spaces with bilateral tenderness to the lumbar paraspinal musculature and facets in the upper, mid, and lower back with limited range of motion. Further documentation notes an antalgic gait with use of a rolling walker with difficulty to stand from a chair to begin ambulation but does stand from a seated position without assistance. Physician documentation also noted tenderness to the cervical paraspinal musculature bilaterally with limited range of motion to all planes secondary to pain. Documentation from 06/02/2004 noted magnetic resonance imaging to the knee with no date noted remarkable for a torn meniscus. Magnetic resonance imaging of the lower back in 05/2002 and 2004 was revealing for abnormalities. Documentation on 06/02/2004 also noted the injured worker to have electrodiagnostic studies to the upper and lower extremities in 2004 but

documentation noted no results to these studies. Prior treatments offered to the injured worker included epidural injections with the quantity unknown, home exercise program, one month of rehabilitation in an inpatient unit in 05/2002, an unknown quantity of physical therapy and aquatic therapy, psychiatric evaluation with group therapy and individual therapy, acupuncture of an unknown quantity, use of a rolling walker, request for evaluation for transcutaneous electrical nerve stimulation unit, and a medication history of Morphine Sulfate Instant Release, Restoril, Lyrica, Lidoderm Patches, Celebrex, Colace, and Lunesta. While documentation indicated that acupuncture treatments was provided and were beneficial for relief of back and radicular pain, there was no documentation of quantity, treatment plan, or results of prior acupuncture visits. Documentation of medical records provided did not indicate specific details of functional improvement, improvement in work function, or in activities of daily living. Medical records provided did not note a recent work status. On 11/18/2014, Utilization Review non-certified the prescription of outpatient acupuncture times twelve sessions. The outpatient acupuncture was non-certified based on MTUS Acupuncture Medical Treatment Guidelines and ACOEM guidelines noting the amount of acupuncture visits that would produce functional improvement would be three to six sessions and if functional improvement was documented by either significant improvement in the activities of daily living, a reduction in work restrictions, and a reduction in continued medical treatment, an extension of acupuncture visits would support medical necessity. Utilization Review indicated that there was no documentation of any improvement from prior acupuncture visits that would render additional acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture treatments which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Additionally, requested visits exceed the quantity supported by cited

guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.