

Case Number:	CM14-0203784		
Date Assigned:	12/16/2014	Date of Injury:	10/11/2003
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture 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 51 year old injured worker has a date of injury of 10/11/2003 when he injured his back. Since the injury he has had an anterior posterior fusion of L4-5 and L5-S1, and on 11/14/2010 had a decompressive midline partial laminectomy at L3 and L4 for stenosis above solid fusion. His co-morbidities include high blood pressure, obesity, diabetes, anxiety and depression, .On the primary treating physician's report of 06/06/2014, the injured worker had new anterior thigh pain and a repeat MRI was reported to show evidence of a new central annular tear at L3-L4. No films or CT were available for comparison. He continues with right anterior thigh pain and the IW also describes some mid thoracic pain. On physical exam he had tight muscles, decreased range of motion and walked with a cane. Motor strength was unaffected and there was no change in sensation. Diagnosis at that time was for post laminectomy syndrome of lumbar region, annular tear of lumbar disc, and spinal stenosis of the lumbar region. He was treated with medications and acupuncture was requested. On 11/03/2014, the IW was seen for a flare-up of the back pain that he rated a 10/10. He had taken tramadol for pain control and was started on gabapentin. The notes reflect that the IW felt his pain medications did not help much and would like a stronger pain medication. Diagnoses on 11/03/2014 were lumbosacral thoracic neuritis, numbness and tingling, myofascial pain and diabetes on insulin. The IW does not work at this point. On 11/14/2014, a request for authorization (ROA) was made for acupuncture x 6 sessions. After a review of the medical records of 11/03/2014, the utilization review (UR) issued a decision denying the lumbar acupuncture x6 sessions citing CA-MTUS (California Medical Treatment Utilization Schedule) Acupuncture Medical Treatment guidelines that note acupuncture is used as an option when pain medications are reduced or not tolerated The IW has pain despite medication intake. There was no indication of failure to resolve symptoms with a

previously provided home exercise program. On 11/13/2014, the IW submitted an application for independent medical review for lumbar acupuncture x6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar acupuncture times 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS 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 not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Patient is having flare-up and medication is not helping. Provider is requesting initial trial of 6 acupuncture treatments which are within guidelines. Per guidelines and review of evidence, 6 Acupuncture visits are medically necessary.