

Case Number:	CM14-0208298		
Date Assigned:	12/19/2014	Date of Injury:	04/30/2012
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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 34-year-old woman with a date of injury of April 30, 2012. The mechanism of injury occurred when the IW slipped and fell on some ice on the ground in the freezer while she was working. The injured worker's working diagnosis is lumbar disc disease L4-L5 and L5-S1 with herniation and lumbar radiculopathy. Prior treatment have included therapy, acupuncture, LINT, topical analgesic creams, anti-inflammations, and participated in low-impact aerobic exercises. The documentation indicates the pain has worsened despite conservative treatment. Pursuant to the progress note dated October 3, 2014, the IW complains of low back pain with radicular symptoms into the lower extremities. Objectively, the IW has tenderness and spasm in the lumbar spine and pain with flexion and extension. Range of motion is decreased. Straight leg raise test is positive on the right at 55 degrees and 65 degrees on the left in the sitting position. The treating physician reports that prior acupuncture has failed to improve the injured worker's symptoms. The total number of prior acupuncture was not documented in the medical record. There are no acupuncture progress notes in the medical record. According to UR documentation, the IW has undergone 8 sessions of acupuncture to the lumbar spine and 8 sessions to the cervical spine. The current request is for acupuncture 2 to 3 times a week for 4 weeks to the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 -3 x 4 - lumbar and cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cervical/Low Back Section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two to three times a week times four weeks to the lumbar and cervical spine is not medically necessary. The guidelines recommend an initial trial of 3 to 4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. In this case, orthopedic follow-up progress note dated October 3, 2014 was present in the medical record. The impression/plan enumerates the injured worker has "undergone multiple modes of treatment, including therapy, acupuncture, oral medications, anti-inflammatories, core strengthening in home therapy, all of which have failed to improve her symptoms". There were no acupuncture treatment notes in the medical record and there was no documentation evidencing objective functional improvement with prior acupuncture. The exact number of acupuncture treatments are not stated in the documentation, however, the utilization review indicates 16 cervical acupuncture treatments were given and 8 lumbar acupuncture treatments were given. Consequently, absent clinical documentation evidencing objective functional improvement with prior acupuncture, additional acupuncture to three times per week for four weeks to the lumbar and cervical spine are not medically necessary.