

Case Number:	CM14-0021979		
Date Assigned:	05/09/2014	Date of Injury:	04/10/2002
Decision Date:	11/19/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

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 60 year old male, who sustained an industrial injury on 4-10-2002. The injured worker is undergoing treatment for: lumbar degenerative disc disease, low back pain, and status post lumbar laminectomy syndrome. On 1-31-14, he reported low back pain with radiation into the left leg. He indicated his pain level was unchanged from his last visit, and his activity level remained the same. He reported his medications to be working well and was having no reported side effects. He is noted to have completed 4 sessions of acupuncture. The provider noted he reported not noticing any significant improvement with acupuncture. Physical examination revealed an antalgic, slowed and wide based gait, assistance by cane, restricted lumbar range of motion, hypertonicity and tenderness in the lumbar area, and negative straight leg raise and babinkski's sign. The hips are noted to have mild tenderness. He is noted to have failed a spinal cord stimulator trial. The treatment and diagnostic testing to date has included: 4 completed acupuncture sessions, medications, transforaminal lumbar epidural steroid injection (4-9-13, 4-19-11, and 9-11-12), urine toxicology (4-20-12), magnetic resonance imaging of the lumbar spine (3-21-11), status post lumbar laminectomy (date unclear). Medications have included: klonopin, sennsa, androgel, oxycontin, Lunesta, norco, flector patches, Adderall, buspar, and Prozac. Current work status: not working, permanent and stationary. The request for authorization is for: 12 additional acupuncture therapy visits for the lumbar spine as outpatient. The UR dated 2-11-2014: modified the request for 6 additional acupuncture therapy 6 visits for the lumbar spine as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL ACUPUNCTURE THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Given the patient continued symptomatic despite previous care an acupuncture trial of six sessions for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The patient underwent previously four acupuncture sessions without significant change. As the guidelines note that the amount to produce functional improvement is 3-6 treatments, the four sessions already performed were an inadequate trial to measure benefits for such care. The guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not medically necessary.