

Case Number:	CM14-0218538		
Date Assigned:	01/08/2015	Date of Injury:	07/05/2011
Decision Date:	12/30/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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: Chiropractor, 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 59-year-old female, with a reported date of injury of 07-15-2011. The diagnoses include lumbar spine herniated nucleus pulposus. The progress report dated 10-15-2014 is handwritten. The subjective findings were illegible. The objective findings include decreased range of motion of the lumbar spine; and spasm in the lumbar spine. The injured worker has been instructed to remain off work. The progress report dated 09-17-2014 indicates that the injured worker complained of lumbar spine pain with radiation to the bilateral legs. The pain was rated 8 out of 10. The objective findings include tenderness of the lumbar spine; decreased range of motion of the lumbar spine; spasm of the lumbar spine; and hyperesthesia of the right L4-5. The diagnostic studies to date have included a urine drug screen on 12-08-2014 which was positive for Butalbital and Pentobarbital; a Sudoscan on 08-25-2014 and 11-24-2014; a urine drug screen on 10-15-2014; and electrodiagnostic studies of the bilateral lower extremity on 10-14-2014 which showed lumbosacral radiculopathy involving L5. Treatments and evaluation to date have included extracorporeal shockwave therapy. The treating physician requested acupuncture once a week for four weeks for the lumbar spine. On 12-15-2014, Utilization Review (UR) non-certified the request for acupuncture once a week for four weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions, 1x per week for 4 weeks for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines recommend an initial trial of 3-6 visits to produce functional improvement. Based on the provided medical records, it was unclear if the patient received acupuncture treatment in the past. Therefore, it is best to evaluate the provider's current request for 4 acupuncture session to the lumbar spine as an initial trial for which the guidelines recommend 3-6 visits. The provider's request for 4 acupuncture session is within the guidelines recommendation and therefore is medically necessary at this time. Additional acupuncture session may be necessary with documentation of functional improvement from prior sessions.