

Case Number:	CM15-0003586		
Date Assigned:	01/14/2015	Date of Injury:	06/15/2006
Decision Date:	03/09/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/07/2015

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 62-year-old male, with a reported date of injury of 06/15/2006. The diagnoses include L4-5 disc bulge, annular tear, L5-S1 disc bulge, chronic low back pain, chronic pain syndrome, disorder of the lumbar disc, and lumbar radiculopathy. Treatments have included lumbar epidural steroid injection, which failed; pain medication and unknown number of acupuncture sessions ("helped reduce the medication intake"). The progress report dated 11/18/2014 indicates that the injured worker was unable to sit as long as before. He developed pain in his left low back with radiation to his left leg and foot. The injured worker reported increased pain and muscle tightness in his calves and right foot/arch, and tingling in his left last three toes. He rated the pain 7-9 out of 10. The objective findings included tenderness upon palpation at the lumbar paraspinal muscle more on the left side; limited low back range of motion; and normal muscle strength throughout the bilateral lower extremities. The treating physician recommended acupuncture twice a week for six (6) weeks, but did not indicate the reason for the request. On 12/04/2014, Utilization Review (UR) denied the request for acupuncture two (2) times a week for six (6) weeks for the lumbar spine, noting that there was no documentation of significant change in the visual analog scale score, improvement in pain, objective examples of functional improvement, or medication sparing effect with the previous treatments to justify additional sessions at this time. The MTUS Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. Also, the same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of acupuncture sessions rendered in the past (reported benefits: medication intake reduction, no specifics were included), additional acupuncture x12 was requested, without stating the goals, or the extraordinary circumstances for which a number exceeding the guidelines was requested. Therefore, based on the previously mentioned the additional acupuncture x12 is not supported as reasonable, medically and necessary. In addition the request is for acupuncture x10 (twice a month), care that is seen as maintenance in nature, consequently not supported for medical necessity by current guidelines. Also, the number of sessions requested exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned, the additional acupuncture x10 is not supported for medical necessity.