

Case Number:	CM15-0107119		
Date Assigned:	06/11/2015	Date of Injury:	12/05/2011
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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 36 year old male, who sustained an industrial injury on 12/05/2011. He has reported injury to the low back. The diagnoses have included lumbago; sprain/strain of lumbar spine; muscle spasms of lumbar spine L1-L5; lumbar radiculopathy; sciatica of right leg; major depression; and status post L5-S1 laminotomy, decompression, and partial medial facetectomy, on 01/22/2013. Treatment to date has included medications, diagnostics, bracing, hot pack, acupuncture, epidural steroid injection, chiropractic therapy, psychotherapy, physical therapy, and surgical intervention. Medications have included Hydrocodone, Nabumetone, Orphenadrine, Ibuprofen, Cymbalta, and Omeprazole. A progress note from the treating physician, dated 05/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; severe cramping in his left hip; burning and tingling pain and numbness connected to sciatica; the pain radiates from his feet up both legs; he has a difficult time coping with both the severe leg cramps and spasming; he has had an extremely difficult past several days with pain and depression; he indicated that he could barely walk this past weekend; and repeatedly points out how acupuncture helps reduce his level of cramping and spasming. The provider has documented that he continued to work with the injured worker to understand the relationship between his cognitions, affect, behavior, and chronic pain. The provider is recommending acupuncture with electric stimulation and manual therapy should continue twice weekly to help control pain and inflammation, and to increase functional outcomes. The treatment plan has included the request for 16 acupuncture sessions with electric stimulation and manual therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 acupuncture sessions with electric stimulation and manual therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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. 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 prior acupuncture sessions rendered on 2012, 2014 and 2015 (reported as beneficial in reducing symptoms), the patient continues symptomatic, taking oral medication, another epidural injection was requested and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 16, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.