

Case Number:	CM15-0130996		
Date Assigned:	07/17/2015	Date of Injury:	07/17/2013
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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 52 year old male, who sustained an industrial injury on 7/17/2013. He reported injury to the low back with lifting activity. Diagnoses include multilevel internal disc derangement and disc prolapse, lumbar stenosis without myelopathy, facet arthropathy, degenerative thoracolumbar scoliosis, lumbar degenerative disc disease, lumbar sprain and radiculopathy. Treatments to date include physical therapy, epidural steroid injections, and radiofrequency ablation. Currently, he complained of status post back surgery with residual burning and low back pain with numbness and tingling to bilateral lower extremities. On 4/8/15, the physical examination documented lumbar tenderness, decreased sensation in lower extremities and decreased strength. The treating diagnoses included status post lumbar spine surgery with residual pain, rule out lumbar disc displacement/herniation, and rule out lumbar radiculopathy. The plan of care included shockwave therapy. The appeal requested authorization for acupuncture treatments provided on seven dates of service, specifically May 13, 15, 18, 20, 22, 29, and June 1, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 7 visits (DOS: 05/13/2015, 05/15/2015, 05/18/2015, 05/20/2015, 05/22/2015, 05/29/2015, 06/01/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines indicate 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". The patient already underwent an unknown number of acupuncture sessions prior to the dates in question without any functional benefits documented. Further acupuncture was rendered between 05-13-15 and 06-01-15 (seven sessions) without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with prior acupuncture care, the additional acupuncture performed between 05-13-15 and 06-01-15 is not medically necessary.