

Case Number:	CM15-0134285		
Date Assigned:	07/22/2015	Date of Injury:	08/09/2013
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/10/2015

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:

This injured worker is a 66 year old male, who reported an industrial injury on 8/9/2013. His diagnoses, and or impression, were noted to include: multi-level lumbar degenerative disc disease; lumbar radiculopathy; mild spinal stenosis; and lumbosacral neuritis. No recent imaging studies of the left knee were noted. His treatments were noted to include acupuncture treatments; a Functional Capacity Examination; medication management; and rest from work and noted to be permanent and stationary as of 2/17/2015. The progress notes of 6/5/2015 reported a return visit with complaints which included: stating he could not work; that his back pain was worse, constant, moderate pain, associated with pins-and-needles/numbness/tingling, aggravated by activities, and relieved by rest. Objective findings were noted to include: no expression of pain or complaints of pain during the lumbar spine motion testing; a slightly positive sitting straight leg raise; positive Faber's sign; and positive right thigh thrust. The physician's requests for treatments were noted to include acupuncture treatment for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the low back 2 times a week for 3 weeks, quantity: 6 sessions: 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. 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." On 06-05-15 the provider determine a maximum medical improvement for the patient, but additional acupuncture care was requested without indicating prior benefits obtained or the goals for the new request. After an unknown number of prior acupuncture sessions, the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity.