MAXIMUS Federal Services

Case Number:	CM15-0135127		
Date Assigned:	07/29/2015	Date of Injury:	11/13/2014
Decision Date:	10/13/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/13/2015

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 49 year old female, who sustained an industrial injury on November 13, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar spine sprain-strain, strain of the sacroiliac region, and rule out discogenic back pain. On March 11, 2015, the injured worker reported intermittent pain in the lower back rated as 3 with medication on a numeric rating scale of 0 to 10 with 0 being no pain and 10 being the most severe pain, with the pain traveling into the buttocks with tingling and tightness, and difficulty falling asleep due to the pain. The Primary Treating Physician's report dated March 11, 2015, noted the injured worker reported her pain was improving, reduced with rest and activity modification. The injured worker was noted to be taking Naproxen and Omeprazole. Physical examination was noted to show the straight leg raise positive bilaterally, seated and supine. The lumbar spine was noted to have "moderate paraspinal tenderness and spasms on the right" at L2-L3, L3-L4, L4-L5, and L5-S1. Lumbar range of motion (ROM) was limited by pain and spasm. Prior treatments have included physical therapy, acupuncture, and medication. The Physician noted the injured worker was to receive continued acupuncture treatment for the lumbar spine to decrease current pain levels while increasing functional capabilities. The Physician noted prescribing the injured worker with Naproxen and Lidall pain patch. The injured worker was noted to be instructed to return to modified duty on March 11, 2015. The Treating Physician's report dated June 3, 2015, noted the injured worker rated her pain as 5 on a numeric scale of 0 to 10, without the effects of medication. The lumbar spine was noted to have moderate paraspinal tenderness at L4-L5 and L5-S1. The Physician noted "Positive trigger physical therapy tenderness in right paraspinal region of L-S spine. This area is relieved with Acupuncture treatment temporarily, the pain continues to return". The injured worker was noted to be pending

8 sessions. The documentation provided included acupuncture notes from May 5, 2015, May 12, 2015, May 19, 2015, June 2, 2015, June 9, 2015, and June 12, 2015, all noting the injured worker was "improving" and "The patient would benefit from further acupuncture". The request for authorization dated April 22, 2015, requested acupuncture with elec 2 times a week for 6 weeks (12 sessions) for the lumbar spine for the date of service of April 22, 2015. The Utilization Review (UR) dated June 12, 2015, modified the request, certifying acupuncture with elec x6 for the lumbar spine for the date of service of April 22, 2015, and non-certifying acupuncture with elec x6 for the dates of service of April 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with elec 2 times a week for 6 weeks (12 sessions) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care. After an unknown number of prior acupuncture sessions were (reported as beneficial in symptom reduction, function improvement), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 12) exceeds the guidelines criteria without a medical reasoning or extraordinary circumstances documented to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 12 is not supported for medical necessity.