

Case Number:	CM15-0136860		
Date Assigned:	07/24/2015	Date of Injury:	02/08/2014
Decision Date:	08/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old female who sustained an industrial injury on February 8, 2014. She has reported lower back pain with radicular symptoms and has been diagnosed with lumbar spine herniated nucleus pulposus and thoracic spine degenerative disc disease. Treatment has included acupuncture, medical imaging, therapy, medications, and TENS. There was pain and numbness in bilateral legs with continued weakness. There was spasm and pain with range of motion to the lumbar spine. There was tenderness to palpation of the lumbar paraspinals and spasm. There was a positive straight leg raise bilaterally. The treatment request includes acupuncture for the lumbar and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 to the lumbar and thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined 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." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient has had 12 prior sessions of acupuncture; however, functional improvement and pain reduction from these sessions were not documented. The patient has recent flare up of pain; a trial of 6 visits with documentation of functional and symptomatic benefit is required prior to the authorization of additional sessions. Since the independent medical review process cannot modify any requests, the currently requested acupuncture is not medically necessary.