MAXIMUS Federal Services

Case Number:	CM15-0138197		
Date Assigned:	07/28/2015	Date of Injury:	09/14/2013
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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 77 year old male, who reported an industrial injury on 9/14/2013. His diagnoses, and or impression, were noted to include: lumbar sprain/strain with multi-level lumbar disc syndrome; radicular neuralgia of the left leg; and cardiac diagnoses. No current electrodiagnostic or imaging studies were noted. His treatments were noted to include the following of cardiology; physical therapy - effective; the use of a walker and shower chair; medication management; and rest from work. The progress notes of 6/22/2015 reported continued, intermittent and moderate low back pain that increased with walking and activity, as well as mild, intermittent right leg pain at night and tired legs when he walks. He also reported getting anxious, some difficulty with breathing, loss of urinary control, and improved sleep. His history notes he had a heart attack with installation of a pacemaker, followed by a stroke, about 1 year prior. Objective findings were noted to include the review of the findings from both the magnetic resonance imaging studies of the lumbar spine and electrodiagnostic studies of 1/2014, without notation of specific examination findings. The physician's requests for treatments were noted to include acupuncture treatments for the lumbar spine and left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine and left leg, quantity: 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the records reviewed on 01-18-15 acupuncture x 6 was requested. On 03-21-15 another series of six sessions were requested. On 03-25-15 acupuncture x 12 was requested and again on 04-10-15 another series of acupuncture x 12 was requested. The records did not document the amount of sessions already completed or the gains obtained from such care. 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, no evidence of any 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. Additionally, the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.