

Case Number:	CM15-0144319		
Date Assigned:	08/05/2015	Date of Injury:	07/08/2013
Decision Date:	09/01/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/24/2015

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 50 year old male who sustained an industrial/work injury on 7-8-13. He reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbar radiculopathy and lumbar herniated nucleus pulposus. Treatment to date includes medication, surgery (left knee arthroscopy on 12-10-14). MRI results were reported on 8-5-13 revealed minimal to mild spondylosis, large left foraminal disc extrusion at L3-4 resulting in severe left foraminal stenosis. EMG-NCV (electromyography and nerve conduction velocity test) was completed on 3-5-15 and was normal. Currently, the injured worker complained of low back pain with lower extremity symptoms of weakness and pain in left leg. Per the primary physician's report (PR-2) on 6-9-15, exam noted antalgic gait, abnormal heel-toe walk, decreased lumbar range of motion, decreased sensation in L4-S1 dermatomes, motor strength of 3 out of 5, absent reflexes in patellar and Achilles, positive straight leg raise, and positive Lasegue maneuver on the left. The requested treatments include Acupuncture 2 x 4 lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (physical therapy, TENS, oral medication, work modifications and self-care), an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially eight sessions, number that exceeds the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive and therefore not medically necessary.