

Case Number:	CM15-0144729		
Date Assigned:	08/05/2015	Date of Injury:	05/23/2013
Decision Date:	09/03/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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 33 year old male who sustained an industrial injury on 05-23-13. Initial complaints and diagnoses are not available. Treatments to date include more than 12 sessions of acupuncture and 27 sessions of chiropractic care to the neck and back, both with a 30% decrease in pain and improved function, and 19 sessions of physical therapy with no reported benefit. The injured worker has also been treated with medications. Diagnostic studies include x-rays and MRI studies. Current complaints include upper and low back pain. Current diagnoses include lumbar spine degenerative disc disease, lumbar spine facet arthropathy, sprain, and strain; thoracic spine pain, and possible intradiscal injury cervical spine. In a progress note dated 05-28-15 the treating provider reports the plan of care as cervical, thoracic and lumbar MRIs, pain management follow-up, additional acupuncture and chiropractic care to the cervical, thoracic and lumbar spines. The requested treatments include acupuncture to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions for the lumbar spine: 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 could support extension of acupuncture care 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." Of the six sessions of acupuncture previously authorized, 1/6 was rendered, with no gains reported. Firstly, given that not all the sessions previously authorized were rendered, an assessment of whether additional care is needed is unknown as the authorized care has not been completed. Secondly, no evidence of any sustained, 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. Thirdly, the request is for acupuncture x 8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.