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| Case Number: | CM15-0145439 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 05/11/2009 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 07/10/2015 |
| 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:

This 46 year old woman sustained an industrial injury on 5-11-2009. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 4-17-2015, left wrist MRI dated 4-20-2015, right wrist MRI dated 4-18-2015, and undated lumbar spine MRI. Diagnoses include cervical disc disorder, lumbalgia, sciatica, lumbar intravertebral disc displacement without myelopathy, internal derangement of the knee, and carpal tunnel syndrome. Treatment has included oral medications, acupuncture and home exercise program. Physician notes dated 7-6-2015 show complaints of pain to the cervical spine, left shoulder, left arm, left hand, lumbar spine, right sacroiliac, right hip, right leg, and right foot with associated insomnia. The worker rates her pain range from a 4 to 7 out of 10. Recommendations include additional acupuncture, right knee MRI, home exercise program, analgesic cream Cyclobenzaprine, Meloxicam, and follow up in 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture for the lumbar spine 2 times a week for 3 weeks, as an outpatient for submitted diagnosis cervical disc disorder, lumbalgia, sciatica, lumbar intervertebral disc disease, left knee internal derangement, bilateral carpal tunnel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Work Loss Data Institute LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & chronic) updated 5/15/15.

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 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 objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the MTUS guidelines. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 is not medically necessary.