

Case Number:	CM15-0146774		
Date Assigned:	08/07/2015	Date of Injury:	05/10/2009
Decision Date:	09/04/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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 43 year old female who sustained an industrial injury on 5-10-09 as she was trying to turn over an inmate who was lying face down when she developed low back pain, thigh pain and calf pain. She was evaluated and diagnosed as having lumbar disc disease at L4-L5 with degenerative disc disease. On physical exam of the lumbar spine there was pain with extension with the pain radiating to her right side, she cannot stand on her toes or heels. Medication was ibuprofen. Diagnoses include lumbar discogenic disease. Treatments to date include medications; physical therapy. Diagnostics include MRI (2009) showed discogenic disc disease, L4-5, disc compression of the thecal sac. In the progress note dated 6-16-15 the treating provider's plan of care included a request for acupuncture 2 visits a week for four weeks for the lumbar spine. In the progress note it also indicates that she had periods of spasm and stress. She has not had therapy in five years and does get periodic flare ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Lumbar spine, 2 times wkly for 4 wks, 8 sessions as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In the report dated 06-16-15 the provider indicated that the patient is "doing fairly well", the medication is tolerated and no functional deficits to be addressed by the acupuncture were discussed. The guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments. The same guidelines could support additional acupuncture 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." The patient condition at the time of the request was pain complains with no level-scores identified, the patient is taking medication without any intolerance noted and no functional deficits to be addressed by the acupuncture were documented. As the goals for acupuncture are unclear, the care is not supported as reasonable, medically and necessary. In addition the request is for acupuncture x 8, care that is exceeding the guidelines without any extraordinary circumstances described. Therefore, and based on the previously mentioned, the acupuncture x 8 is not supported for medical necessity.