

Case Number:	CM15-0164246		
Date Assigned:	09/01/2015	Date of Injury:	09/03/2013
Decision Date:	10/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 46-year-old female with an industrial injury dated 03-03-2013. The injury is documented as occurring when she was in a school bus when the bus struck another vehicle and she was jerked forcefully forward and back resulting in immediate neck and back pain. Her diagnoses included cervicalgia, sprain or strain of cervical spine, lumbago, sprain or strain of lumbar spine and lumbar disc herniation at lumbar 4-5 and lumbar 5-sacral 1. Prior treatment included diagnostics, acupuncture and modified duties. She presents on 05-07-2015 with continued neck and lower back pain. She rates the pain as 5-6 out of 10 with radiation to upper and lower extremities. She noted that when she was doing acupuncture in December her pain went down to 3 out of 10 and that was the most effective modality. She had recently restarted her acupuncture therapy and was beginning to see improvements again. She complained that she still could not bend without discomfort as she did before the accident. Physical exam noted tenderness of the right trapezius musculature. There was no sensory loss to sharp or dull sensation. There was tenderness of the left sacroiliac joint. She was working modified duty. The treatment request is for acupuncture 2 times a week for 8 weeks for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 8 weeks for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 4, 8-9.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that the worker is not able to return to productive activities or that the worker is participating in an ongoing exercise program to which the acupuncture would be an adjunct. Additionally, in this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for acupuncture treatments.