

Case Number:	CM15-0164349		
Date Assigned:	09/01/2015	Date of Injury:	07/23/2014
Decision Date:	10/05/2015	UR Denial Date:	08/17/2015
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: 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 37 year old male who sustained an industrial injury on 07-23-2014. Mechanism of injury was moving a manhole cover with another coworker and caused lower back pain. Diagnoses include sciatica, psychogenic pain, long-term use of medications and lumbar spinal stenosis. Treatment to date has included diagnostic studies, medications, epidural steroid injections, massage therapy and physical therapy. An unofficial MRI of the lumbar spine done on 11-17-2014 revealed bulging disc at L3-4 and L4-5 with moderate central stenosis, and mild neural foraminal stenosis seen at L4-5, left greater than right. His current medications include Naproxen, Trazodone, and Buprenorphine. A physician progress note dated 07-27-2015 documents the injured worker complains of constant low back pain that radiates to his right leg as far as the toes with numbness and tingling, which he rates as 8 out of 10 without medications and 3 out of 10 with medications. Lumbar range of motion is painful and restricted, and muscle spasms are present. He received a lumbar epidural steroid injection without benefit. He complains of insomnia due to pain. He has started massage therapy, and wishes more massage than physical therapy. The treatment plan includes a urine drug screen which was done on this visit; and he will restart Norco. Treatment requested is for Acupuncture 2 x 6 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 6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain 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 (chiropractic, physical therapy, 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 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.