

Case Number:	CM15-0165020		
Date Assigned:	09/02/2015	Date of Injury:	02/01/2008
Decision Date:	10/06/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/22/2015

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 48 year old male who sustained a work related injury February 1, 2008. According to a primary treating physician's progress report, dated July 10, 2015, the injured worker presented as a follow-up with continued headaches. His physical examination is documented as unchanged from previous visit. He is to continue with home exercise program and use heat-ice as needed for pain. According to a licensed acupuncturist progress report, dated July 16, 2015, the injured worker presented with complaints of lower back pain, rated 7 out of 10, with full range of motion, which interrupts his sleep. He has been undergoing acupuncture therapy and working out at a gym, which are aiding in the management of his pain. Current medication included Ambien, ThermaCare Heatwrap, Lidocaine ointment, and Gabapentin. Physical examination revealed; lumbar range of motion full but guarded and painful; on palpation paravertebral muscle spasm, tenderness, and tight muscle band is noted on both sides. Diagnoses are low back pain; cervicgia. At issue, is the request for authorization for six sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records reviewed 18 acupuncture sessions were previously approved (x6 on 03-12-15, x6 on 05-07-15 and x6 on 05-12-15). 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." Despite the prior acupuncture sessions were reported as beneficial, the patient continues symptomatic, taking oral medication and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) directly attributable to previous acupuncture was provided by the primary care physician to support the reasonableness and necessity of the additional acupuncture requested. 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 fails to meet the criteria for medical necessity.