MAXIMUS Federal Services

Case Number:	CM15-0167664		
Date Assigned:	09/14/2015	Date of Injury:	08/05/2013
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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 female sustained an industrial injury on 8-5-13. Documentation indicated that the injured worker was receiving treatment for injuries to the back, elbows and knees. Previous treatment included acupuncture, chiropractic therapy, injections and medications. The injured worker was currently receiving ongoing acupuncture. In a follow-up evaluation dated 2-25-15, the injured worker complained of pain in the coccyx and low back. The injured worker stated that acupuncture and chiropractic therapy helped. Physical exam was remarkable for tenderness to palpation with spasm and guarding in the thoracic spine at T8-T11, lumbar spine with "severe" tenderness to palpation with spasms and guarding at L2-S1 with the right sacroiliac joint and right piriformis, tenderness to palpation at the sacroiliac joint and coccyx, positive right straight leg raise, positive bilateral Kemp's test, 4 out of 5 muscle testing with right toe raise. The injured worker had a hard time sitting. The treatment plan included continuing acupuncture and a short course of chiropractic therapy. In a follow up evaluation dated 6-17-15, the injured worker complained of pain in the coccyx and low back, rated 5 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation with spasm and guarding in the thoracic spine at T8-T11, lumbar spine with "severe" tenderness to palpation with spasms and guarding at L2-S1 with the right sacroiliac joint and right piriformis, tenderness to palpation at the sacroiliac joint and coccyx, positive right straight leg raise, positive bilateral Kemp's test, 4 out of 5 muscle testing with right toe raise. The treatment plan included continuing acupuncture twice a week for four weeks for the coccyx and lumbar spine. On 7-30-15, Utilization Review

noncertified a request for acupuncture therapy for the lumbar spine and coccyx, once a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for lumbar spine and coccyx 1 time a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that 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." The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of any evidence of quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.