

Case Number:	CM15-0169208		
Date Assigned:	09/09/2015	Date of Injury:	10/13/2012
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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, Montana

Certification(s)/Specialty: Chiropractor, 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 49 year old female, who sustained an industrial injury on 10-13-12. Initial complaints were of her back with radiating pain down her right leg and numbness in the left foot. The injured worker was diagnosed as having lumbar-lumbosacral disc degeneration; lumbosacral neuritis NOS; lumbosacral sprain. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included MRI lumbar spine (6-16-15). Currently, the PR-2 notes dated 8-11-15 indicated the injured worker complains of persistent low back pain. She recently has a trial of 6 sessions of acupuncture which she reports as helpful with about 50% improvement. The provider feels an additional 10 sessions should help stabilize her pain and hopefully decrease her need for medications as well. On physical examination, the provider notes tenderness along the lumbar paraspinal muscles, ileolumbar and sacroiliac regions. Lumbar range of motion has improved to 80% of normal. There are multiple trigger points still identified throughout. Her neurological examination is intact. As a comparative of symptoms and overall improvement, a PR-2 notes dated 7-13-15 indicated the injured worker continued to complain of low back pain and numbness and tingling along the bilateral great toes as well as 2nd toes, slightly more prominent on the left than the right. She does not have any leg pain at this time besides left knee pain which is separate. She mainly complains of the low back pain. A MRI of the lumbar spine is dated 6-16-15 with an impression of a small right lateral recess disc extrusion at L5-S1 and right lateral disc ridge bulging. Findings result in subtle impingement of the transiting right S1 nerve root and contact with the exiting right L5 nerve root. There is a small left lateral recess protrusion at the L4-L5 which contacts the descending left L5 nerve root. A

Request for Authorization is dated 8-27-15. A Utilization Review letter is dated 8-20-15 and non-certification was for outpatient acupuncture with electrical (e-) stimulation and infrared treatment to the lumbar for 10 sessions. The provider is requesting authorization of outpatient acupuncture with electrical (e-) stimulation and infrared treatment to the lumbar for 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture with electrical (e-) stimulation and infrared treatment to the lumbar for ten sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 10 acupuncture sessions to the lumbar spine which were non-certified by the utilization review. Medical records discuss overall 50% improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Furthermore, requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 10 acupuncture treatments are not medically necessary.