MAXIMUS Federal Services

Case Number:	CM15-0180850		
Date Assigned:	09/22/2015	Date of Injury:	11/07/2014
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 33 year old female, who sustained an industrial injury on 11-07-2014. The injured worker was being treated for low back pain, lumbar discogenic pain, lumbar facet mediated pain, lumbar radiculopathy, chronic pain syndrome, and myalgia. Treatment to date has included diagnostics, acupuncture (at least 6 sessions), and medications. Currently (8-27- 2015), the injured worker complains of low back pain. She reported having last acupuncture session two weeks prior and reported about 2 days of pain relief after each session, noting, "she was able to take less medications and be more active". She described her pain in the neck and low back, radiating to the left leg. She rated pain 7 out of 10 with medication and 10 without (unchanged from exam on 7-31-2015). She was given Cymbalta "to help with chronic pain at her previous visit" but reported that she stopped taking it and she did not notice any difference in pain with taking Cymbalta. Other medications included Norco, Naproxen, and Omeprazole. She tolerated medications "well". Exam of the lumbar spine noted 5 of 5 motor strength, sensation intact but diminished on the left upper thigh, painful to palpation sciatic notches on the left side, mild tenderness to palpation to the bilateral sacroiliac joints, moderate tenderness to palpation over the left paraspinal muscles, positive straight leg raise bilaterally, and increased pain with flexion. Electromyogram of the bilateral lower extremities was documented to show "left L5S1 radiculitis". Magnetic resonance imaging of the lumbar spine was documented to show "facet and ligamentum flavum hypertrophy are present, which results in bilateral neural foraminal narrowing, left greater than right", "no canal stenosis present at L4-5", "a 2mm broad based disc bulge and bilateral facet arthrosis is present, which result in moderate bilateral neural foraminal

narrowing, left greater than right", and "no canal stenosis is present at L5-S1". Her work status remained modified with restrictions. The treatment plan included additional acupuncture for the lumbar spine, 1-2 times per week for 4-6 weeks, non-certified by Utilization Review on 9-08-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one to two times a week for four to six weeks, for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Guidelines note that acupuncture is used as an option to reduce pain, increase range of motion and when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, there is no documentation of improvement functionally. The request for 12 acupuncture sessions is not medically necessary and appropriate.