

Case Number:	CM15-0181343		
Date Assigned:	09/22/2015	Date of Injury:	05/06/2014
Decision Date:	10/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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: 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 57 year old female, who sustained an industrial injury on 05-06-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar pain, lumbar strain and sprain, lumbar disc protrusion at L4-5 with retrolisthesis, spondylosis and neural foraminal stenosis, annular tear at L3-4, and clinical lumbosacral radiculopathy. Medical records (04-03-2015 to 07-28-2015) indicate persistent and increasing low back pain with pain radiating into both hips and lower extremities, and continued numbness and tingling in the leg, right foot and right toes. Pain levels were 0 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity or functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-28-2015, revealed flattening of the normal lumbar lordosis, tenderness to palpation over the paraspinal region with spasms, limited range of motion in the lumbar spine, positive straight leg raises bilaterally, and decreased sensation to light touch and pin-prick in the right lower extremity. There were no noted changes from previous exam dated 05-05-2015. Relevant treatments have included physical therapy (PT), acupuncture (unknown number of sessions), work restrictions, and medications. The request for authorization (07-28-2015) shows that the following therapy was requested 12 sessions of acupuncture for the lumbosacral spine (2x6). The original utilization review (08-20-2015) denied the request for 12 sessions of acupuncture for the lumbosacral spine based on the lack of pain reduction or functional improvement with previous 12 sessions. Acupuncture notes submitted are mostly handwritten and hard to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbosacral spine, twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of at least 12 visits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.