

Case Number:	CM15-0181558		
Date Assigned:	09/22/2015	Date of Injury:	12/06/2008
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
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, 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 35-year-old male, with a reported date of injury of 12-06-2008. The diagnoses include low back pain, myofascial pain syndrome, lumbar spondylosis, lumbar radiculopathy, trochanteric bursitis, and lumbar degenerative disc disease. Treatments and evaluation to date have included Norco, spinal cord stimulator implantation on 01-13-2015, lumbar spinal cord stimulator trial on 08-11-2014, left L4-5 transforaminal epidural steroid injection, removal of spinal cord stimulator on 02-13-2015 (infected), acupuncture, Lidocaine-Prilocaine topical cream, Omeprazole, Zanaflex, Lyrica, physical therapy, and anterior interbody fusion at L4-S1. The diagnostic studies to date have included a urine drug screen on 06-28-2015 with consistent findings; bilateral lower extremity Doppler on 05-27-2015 with normal findings; a urine drug screen on 04-25-2014; a CT scan of the lumbar spine on 02-13-2015 with no acute findings; and x-rays of the lumbar spine on 02-13-2015 with normal findings. The progress report dated 08-28-2015 indicates that the injured worker had continued pain in the low back with radiation down his bilateral lower extremities, specifically the left lower extremity. It was noted that the injured worker found acupuncture extremely helpful in the past in reducing his radicular symptoms and pain in his low back, which allowed him to take less medication. The injured worker rated his current pain level 7 out of 10; and 7.5 out of 10 on 04-01-2015. The physical examination showed no acute distress, tenderness to palpation of the lumbar paraspinal muscles and bilateral buttocks with distribution of pain along the L4, L5 dermatomes of the left lower extremity, and an antalgic gait. The treatment plan included six additional sessions of acupuncture due to increased pain in the low back and down the lower extremities. The treating

physician stated that previous acupuncture "allowed him to walk, sit, stand, lift objects and take less pain medications." The injured worker's work status was noted as permanent and stationary. The medical records provided included two acupuncture therapy reports from 03-20-2015 and 05-08-2015. The report dated 05-08-2015 indicates that the injured worker tolerated the treatment well with no apparent complications. The treating physician requested six (6) additional acupuncture sessions for the lumbar spine. On 09-09-2015, Utilization Review (UR) non-certified the request for six (6) additional acupuncture sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of additional acupuncture, lumbar spine: Overturned

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 6 acupuncture sessions which were non-certified by the utilization review. The progress report dated 08-28-2015 indicates that the injured worker had continued pain in the low back with radiation down his bilateral lower extremities, specifically the left lower extremity. It was noted that the injured worker found acupuncture extremely helpful in the past in reducing his radicular symptoms and pain in his low back, which allowed him to take less medication. The injured worker rated his current pain level 7 out of 10; and 7.5 out of 10 on 04-01-2015. The treating physician stated that previous acupuncture "allowed him to walk, sit, stand, lift objects and take less pain medications." Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment. Additional visits may be authorized 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. Per review of evidence and guidelines, additional 6 acupuncture treatments are medically necessary.