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| Case Number: | CM15-0182406 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 03/11/2003 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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 47 year old female with an industrial injury dated 03-11-2003. A review of the medical records indicates that the injured worker is undergoing treatment for post laminectomy syndrome of lumbar region. According to the progress note dated 03-26-2015, the injured worker presented with same condition as previous visit. The injured worker reported pain in the upper back, bilateral shoulders, bilateral elbows, bilateral wrist and bilateral hands with radiation to bilateral arms. The pain was associated with numbness, tingling, and weakness in the legs, hands and feet. The pain is intermittent to constant in frequency and severe intensity. Current pain level was 8 out of 10 on a visual analog scale (VAS) and a 6 at best and 10 at worst. The injured worker reported that the pain is aggravated by bending forward and backwards, reaching, kneeling, stooping, exercising, coughing, straining, and prolonged standing, sitting and walking, and pain decrease with medications. The injured worker reported functional limitations included household chores, participating in recreation, driving, doing yard work, having sexual relations and caring for herself. Objective findings (3-26-2015 and 8-12-2015) revealed 30 degrees flexion, 20 degrees of extension 15 degrees of side bending and 20 degrees to the left, limited rotation, mild loss of lumbar lordosis, tenderness to palpitation over the bilateral lumbar paraspinals muscles. Sensory exam revealed diminished sensation in the bilateral L5 and S1 dermatomes of the lower extremities. In a progress report dated 08-12-2015, the injured worker reported bruises on the legs, abdomen, and back due to severe muscle spasm. The pain is associated with tingling, numbness and weakness in the legs, hands and feet. The injured worker rated pain a 7-8 out of 10. Magnetic Resonance Imaging (MRI) of the lumbar

spine dated 02-21-2014 revealed postsurgical changes of interbody fusion L4-L5 creating a large amount of artifact at this level with some possible associated central canal and foraminal stenosis. Treatment to date consisted of diagnostic studies, prescribed medications and periodic follow up visits. The treatment plan included acupuncture therapy, Magnetic Resonance Imaging (MRI), medication management, and follow up visit. The injured worker is permanently disabled. The treating physician requested 9 sessions of acupuncture for lumbar spine, now under review. The utilization review dated 09-02-2015 modified the request for trial of 6-acupuncture treatment for the lumbar spine, (original: 9 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the lumbar spine, 9 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 9 acupuncture sessions for the lumbar spine which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 9 Acupuncture visits are not medically necessary.