

Case Number:	CM15-0182546		
Date Assigned:	09/23/2015	Date of Injury:	03/17/1999
Decision Date:	11/10/2015	UR Denial Date:	08/17/2015
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

Certification(s)/Specialty: 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 male who sustained an industrial injury on 03-17-1999. According to a progress report dated 08-06-2015, the injured worker reported lumbar spine pain, left shoulder pain, left elbow pain, left knee pain and pain in the bilateral hands. In regard to the lumbar spine, the provider noted that a cortisone injection was accomplished on July 8th with relief still lasting at 40%. Current medications included Cymbalta, Motrin, Percocet, Valium and Zanaflex. Allergies included Morphine Sulfate. The assessment included tear medial meniscus knee, tear lateral meniscus knee, olecranon bursitis, spinal stenosis lumbar region, osteoarthritis local primary lower leg, unspecified thoracic lumbar neuritis radiculitis, adhesive capsulitis shoulder, chronic pain syndrome and anxiety disorder in other conditions. The provider noted that acupuncture helped decrease the symptoms significantly and allowed him to maintain the function of his lumbar spine. Specific examples of objective functional improvement were not discussed in this report. "This has given him significant benefit with two or three days with a significant reduction in his pain greater than 60%." The provider noted that injured worker had numbness in the shaft of the penis and required a urological consultation. The injured worker was trying to taper himself down off of Valium. He remained temporarily totally disabled. The treatment plan included approval for acupuncture weekly for eight weeks, approval for urology consultation, reconsider gym membership for aquatic exercises, continue medications, continue to taper medications. Acupuncture treatment progress reports were not submitted for review. It is unclear from the records how many total sessions have already been completed. According to a progress report dated 02-12-2015, the provider noted that acupuncture helped control the symptoms and gave him "significant relief". On 08-17-2015, Utilization Review non-certified the request for 16 acupuncture treatments and authorized the request for 1 urology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 acupuncture treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: On 08-06-15, the provider requested additional acupuncture based on prior results: "significant (more than 60%) temporary symptoms relief of 2-3 days." No specifics were included in regards as to the functional benefits, medication intake reduction obtained or number of sessions completed. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of prior acupuncture sessions (reported as beneficial temporarily reducing symptoms more than 60%), the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for a number of acupuncture sessions that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.