MAXIMUS Federal Services

Case Number:	CM15-0182868		
Date Assigned:	09/23/2015	Date of Injury:	10/09/2013
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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 51 year old male, who sustained an industrial injury on October 9, 2013, incurring low back injuries. A lumbar Magnetic Resonance Imaging revealed severe disc narrowing, a large hematoma, and severe facet hypertrophy and canal stenosis with a midline annular tear with disc protrusion. He was diagnosed with lumbar degenerative disc disease and degenerative joint disease, lumbar disc herniation and lumbar stenosis. Treatment included physical therapy and home exercise program, acupuncture, anti-inflammatory drugs, neuropathic medications, and activity restrictions with modifications. The injured worker deferred any surgical interventions. Currently, the injured worker complained of constant low back pain. He rated his pain with medications as 5 on a pain scale of 1 to 10 and rated his pain without medications as 8.5 on a scale of 1 to 10. He noted restricted range of motion and bending limited by pain. He reported acupuncture sessions were beneficial in relieving his lower back pain. The treatment plan that was requested for authorization on September 17, 2015, included acupuncture for six sessions for unspecified body parts. On September 8, 2015, a request for six acupuncture sessions was modified to four acupuncture sessions by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for 6 sessions, for unspecified body parts QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines Acupuncture.

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 modified to 4 by the utilization review. The number of total acupuncture sessions completed is unknown. Medical notes document decrease in narcotic intake as a result of Acupuncture; however, no other functional improvements have been specified. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary without evidence of objective functional improvement.