

Case Number:	CM15-0184131		
Date Assigned:	09/24/2015	Date of Injury:	12/26/2014
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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 40 year old male, who sustained an industrial injury on 12-26-14. Current diagnoses include lumbar strain, myofascial pain syndrome and left lumbosacral radiculopathy. His work status is modified duty. Reports dated 6-3-15 and 8-26-15 reveals the injured worker presented with complaints of low back pain with numbness in his left leg. Physical examinations dated and 7-29-15 and 8-26-15 revealed "+left SLR, decreased left foot sensation and decreased strength and reflexes in the bilateral lower extremities". There is "decreased range of motion of the back by 10% in all planes" noted. Treatment to date has included medications, which provide relief. An acupuncture note dated 8-12-15 states decreased low back pain and left leg spasm and one dated 8-17-15 states continued low back pain and some left leg spasms, but overall his pain and lower back flexibility has improved. He is engaging in home exercise program 1-2 times a week, and utilizing a back brace with benefit, per note dated 7-7-15. A chiropractic care per note dated 3-18-15 states the injured worker's lumbar pain decreased from 5-6 out of 10 to 4 out of 10 from therapy. He has also had a psychiatric consult. Diagnostic studies to date have included x-rays and nerve conduction test of bilateral lower extremities (7-2015). A request for authorization dated 8-31-15 for continued acupuncture (8 additional sessions) is denied due to lack of documentation of functional improvement, no clear indication of continued home exercise program or intolerance to his medications, per Utilization Review letter dated 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture for 8 more sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: 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 in reducing symptoms), the patient continues symptomatic, taking oral medication and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 8 fails to meet the criteria for medical necessity. The request is not medically necessary.