

Case Number:	CM15-0184303		
Date Assigned:	09/24/2015	Date of Injury:	02/04/2010
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
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: 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 40 year old male who sustained an industrial injury February 4, 2010. Past history included laminectomy and discectomy, 2010. According to a primary treating physician's progress report dated August 12, 2015, the injured worker presented for follow-up of low back pain rated 7-8 out of 10. He reports he sleeps, takes baths or lays down for pain relief and tries to stay non-active to avoid a flare-up of pain. The treating physician noted that the injured worker was unable to complete the lumbar MRI with contrast due to pain. Current medications are Naproxen, Ambien, and Norco. Objective findings are documented as; range of motion limited; straight leg raise at 70 degrees; bilateral lower extremity radiation. Diagnoses are lumbago; lumbosacral spasms. Treatment plan included dispensed medication and at issue, a request for authorization dated August 16, 2015, for acupuncture to the lumbar spine (2) times a week for (4) weeks. Electrodiagnostic study of the lower extremities dated July 31, 2015, (report present in the medical record) impression is documented as; chronic bilateral L5 radiculopathy. An MRI of the lumbar spine with and without contrast dated August 1, 2015, (report present in the medical record) impression; mild scoliosis of the lumbar spine; L3-4: mild disc dissection, mild bilateral facet degenerative changes, small anterior spur, 3mm broad-based posterior disc bulge, no spinal stenosis, mild bilateral lateral recess and neural foraminal narrowing; L4-5: mild to moderate facet degenerative changes, post-surgical changes related to prior right hemilaminectomy, broad-based disc protrusion measuring a maximal of 5mm in AP diameter, no spinal stenosis, moderate to severe right and moderate left lateral recess and neural foraminal narrowing; L5-S1: mild to moderate bilateral facet degenerative changes, mild disc desiccation,

3mm broad-based disc protrusion, no spinal stenosis, moderate left and mild to moderate right lateral recess and neural foraminal narrowing. According to utilization review dated August 21, 2015, the request for Outpatient: acupuncture to the lumbar spine, two (2) times a week for four (4) weeks is non-certified. Also, a prior acupuncture trial had been authorized but it was unclear if it had been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lumbar spine 2 times per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.