

Case Number:	CM15-0185668		
Date Assigned:	09/25/2015	Date of Injury:	10/24/2013
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 50-year-old female with a date of industrial injury 10-24-2013. The medical records indicated the injured worker (IW) was treated for chronic low back pain; right shoulder pain; bilateral hand pain; chronic bilateral knee pain; and right-sided neck pain. In the 8-20-15 progress notes, the IW reported pain in the neck, shoulder and low back; no numeric pain rating was given. There was no complaint of numbness in the bottom of the right foot or the bilateral sacroiliac joints as noted on her 7-23-15 visit. Medications included Ultracet, Motrin, Zanaflex and Trazadone. Objective findings on 8-20-15 included tenderness to palpation over the lumbar paraspinal muscles. Treatments included medications, 12 sessions of physical therapy, which was helpful for the short term; 14 sessions of acupuncture, which decreased her low back pain by 40% for a week at a time; and chiropractic therapy, which had just begun and she found was helpful. Acupuncture notes (8-5-15) indicated the IW had continued low back pain, rated 6 out of 10, but the IW stated flexibility and function was improved with acupuncture treatment. The IW was working full time. The treatment plan included additional acupuncture, continued oral medications and Botox injections for low back pain. A Request for Authorization was received for eight additional acupuncture treatments (unspecified area). The Utilization Review on 9-2-15 modified the request for eight additional acupuncture treatments (unspecified area) to allow four additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture (unspecified area) QTY 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, additional acupuncture (unspecified area) #8 is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are chronic low back pain; right shoulder pain; bilateral hand pain; chronic bilateral knee pain; right sided neck pain; depression and anxiety due to chronic pain; and bilateral shoulder trochanteric bursitis. Date of injury is October 24, 2013. Request authorization is August 20, 2015. According to an August 20, 2015 progress note, subjective complaints include neck and shoulder pain and low back pain. The documentation indicates the injured worker completed acupuncture and received 40% improvement. The guidelines recommend an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The injured worker is requesting additional acupuncture. The total number of acupuncture sessions is not documented. Based on the clinical information medical record, peer-reviewed evidence-based guidelines, no documentation with a specific number of prior acupuncture sessions, and guideline recommendations up to 8-12 visits, additional acupuncture (unspecified area) #8 is not medically necessary.