

Case Number:	CM15-0186375		
Date Assigned:	09/28/2015	Date of Injury:	01/03/2009
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/22/2015

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 57 year old female, who sustained an industrial injury on 1-3-09. The injured worker was diagnosed as having lumbar post-laminectomy syndrome; trochanteric bursitis; moderate depression. Treatment to date has included acupuncture; medications. Currently, the PR-2 notes dated 8-18-15 indicated the injured worker complains of ongoing right back pain, ongoing left back pain and left leg pain post-fusion. The provider notes the injured worker has chronic right back pain with lumbar post -surgery (no date of surgery). The provider documents "presents today for routine visit. Without medications, her pain is 7-8 out of 10 and with medications her pain is 4-6 out of 10. She had acupuncture treatment with good results. She says her back pain subsided after therapy. We are requesting more acupuncture therapy for patient. She is NOT taking Norco and we are trying to keep her pain under control with minimal medication and using more conservative therapy. The patient reports benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow patient to complete necessary activities of daily living." The provider lists her medications as: Cymbalta 30mg BID, Wellbutrin 75mg TID, Flexeril 10mg daily for spasms at night, Prilosec 20mg daily, Neurotin 300mg TID (started in June 2014) and Motrin 800mg daily BID. He notes, "There is no GI upset as long as she takes the Prilosec once a day and stays at 2 a day with the ibuprofen. There are no other side effects now. No more drowsiness." On physical examination, the provider documents "Normal gait. Tenderness in the lower lumbar spine. Severe pain in the right lumbosacral area that radiates to her right hip. Positive Lasegue's. Mild positive bilateral straight leg raise. Flexion and extension is 60%

restricted. Lateral bending is 30% restricted. Light touch sensation continues to be diminished on the lateral portion of the lower leg on the left and the dorsum of the foot. Hypoesthesia and dysesthesia from left low back to ankle." He notes a MRI of the lumbar spine with and without contrast was done on 5-2-12 with impression "Postoperative L5-S1 level with left neural foraminal stenosis created by osteophytic ridging and residue-recurrent disc bulging. This would likely affect only the left L5 nerve root." The treatment plan included a trial of Tramadol and acupuncture. The initial acupuncture therapy start date and sessions for that acupuncture is not documented in the submitted medial documentation. A Request for Authorization is dated 9-22-15. A Utilization Review letter is dated 8-28-15 and non-certification was for Acupuncture x 6. A request for authorization has been received for 1 prescription of Acupuncture x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions # 6: Upheld

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

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 non-certified by the utilization review. Medical notes documented improvement; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. 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 or decrease in medication intake. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.