MAXIMUS Federal Services

Case Number:	CM15-0186600		
Date Assigned:	09/28/2015	Date of Injury:	05/31/2013
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
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 38 year old female, who sustained an industrial injury on 5-31-2013. The injured worker is being treated for herniated nucleus pulposus lumbar spine, lumbar radiculopathy, lumbar facet arthropathy and lumbar myofascial pain. Treatment to date has included medications. Per the only medical record submitted, the Primary Treating Physician's Progress Report dated 9-09-2015, the injured worker reported increased low back pain and spasms with radiation down the bilateral lower extremities with numbness and tingling. She also reports intermittent pain that spreads up her back and into her right shoulder with numbness and tingling in her hands. Current medications include Tramadol, Zanaflex and Anaprox and Tylenol with Codeine. She rates the severity of her pain as 8 out of 10 with medications and 10 out of 10 without medications. Objective findings included tenderness to the midline lumbar spine and bilateral low back greater on the right with moderate muscle spasms in the bilateral paralumbar musculature. Per the medical records dated 9-09-2015 there is no documentation of any prior acupuncture or improvement in symptoms, increase in activities of daily living or decrease in pain level with any prior acupuncture. The notes from the doctor do not document efficacy of the prescribed medications Work status was permanent and stationary with exacerbation. The plan of care included medications. Authorization was requested for acupuncture (2x3) for the low back. On 9-18-2015, Utilization Review non-certified the request for acupuncture (2x3) for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the low back, 2 times a week for 3 weeks: 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 2X3 acupuncture sessions for lumbar spine which were non-certified by the utilization review. 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, 2x3 acupuncture treatments are not medically necessary.