

Case Number:	CM15-0188202		
Date Assigned:	09/30/2015	Date of Injury:	08/12/2010
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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 58 year old female who sustained an industrial injury August 12, 2010. According to a primary treating physician's progress report dated August 18, 2015, the injured worker presented with continuing intermittent moderate low back pain with radiation down the right leg. She also reports intermittent moderate neck pain with associated daily headaches. The physician documented that she has completed five sessions of acupuncture with a 75% reduction in pain, which lasts for two days. Objective findings included; cervical spine- tenderness to palpation left trapezius musculature with spasms and limited range of motion due to pain; lumbar spine- tenderness to palpation and spasms bilateral paralumbar and sacral muscles with restricted range of motion due to pain; right hand-wrist tenderness to palpation over the right thumb and forearm, Finkelstein's positive, able to make complete fist, restricted range of motion with right wrists extension 40 degrees. Diagnoses are lumbar spine strain with radicular complaints; MRI evidence of 3mm disc protrusion at L5-S1 and 2mm disc protrusion at L4-L5; right thumb DeQuervain's tenosynovitis; insomnia. Treatment plan included advisement on performing home therapeutic exercises for range of motion and strengthening. At issue, is the request for authorization dated August 31, 2015 for additional acupuncture two times a week for four weeks, (8 visits). According to utilization review dated September 3, 2015, the request for Acupuncture (2) times a week for (4) weeks (8 visits) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks (8 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments, and also states that 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." The patient already underwent eight acupuncture sessions that although according to the provider improved the pain 75%, no objective improvements were documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x 8), the request for additional acupuncture is not medically necessary.