

Case Number:	CM15-0188280		
Date Assigned:	09/30/2015	Date of Injury:	09/25/1991
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
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: 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 76 year old female, who sustained an industrial injury on September 25, 1991. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having L4-L5 disc protrusion with left greater than right L5 radicular pain, L5-S1 spondylolisthesis and lumbar facet syndrome. Treatment to date has included physical therapy, home exercise and medication. On August 13, 2015, the injured worker was reported to have completed recent physical therapy. Physical examination revealed tenderness over lumbosacral myofascial tissue with palpation. Lumbar flexion to 60 degrees caused minimal change in back pain and lumbar extension to 20 degrees caused an increase in back pain. Strength testing of the bilateral lower extremities showed normal strength. Notes stated that the treating physician was awaiting approval of acupuncture therapy times eight. Treatment recommendations included continuation of Percocet medication, home exercise program and a follow-up visit. On September 1, 2015, utilization review denied a request for acupuncture without electrical stimulation for the low back quantity of eight and acupuncture with electrical stimulation for the low back quantity of eight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture without electrical stimulation, low back quantity 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The records indicate that the patient received acupuncture treatment in the past. According to the report dated 8/13/2015, the patient reported reduced pain and improved functional abilities. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture sessions. Therefore, the provider's request for 8 acupuncture sessions without electrical stimulation is not medically necessary at this time.

Acupuncture with electrical stimulation, low back quantity 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient received acupuncture with electrical stimulation in the past. According to the report dated 8/13/2015, the patient reported reduced pain and improved functional abilities. However, there was no objective quantifiable documentation regarding functional improvement from prior acupuncture with electrical stimulation. The guidelines states that acupuncture may be extended with documentation of functional improvement. Based on the lack of documentation of functional improvement from prior sessions, additional acupuncture sessions do not appear to be medically necessary. Therefore, the provider's request for 8 acupuncture sessions with electrical stimulation is not medically necessary at this time.