

Case Number:	CM15-0194191		
Date Assigned:	10/08/2015	Date of Injury:	05/31/2012
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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 42 year old female who sustained an industrial injury May 31, 2012. According to a primary treating physician's progress report dated September 16, 2015, the injured worker presented for follow-up of neck pain, rated 6 out of 10, with constant numbness at the base of her neck and weakness, numbness, and tingling in her bilateral upper extremities into all digits with occasional migraines. She also reports low back pain, rated 6 out of 10, described as constant and stabbing with radiating numbness down the left lower extremity into the foot and all digits, with occasional giving out of her left lower extremity, causing a fall. Since her last visit she reported her pain has increased and continues to report night sweats, stomach pain, and diarrhea. Past treatment included chiropractic, acupuncture, and physical therapy has not worked in the past and she stated she will not try chiropractic therapy, MBB (medial branch block) right L4-5 and L5-S1 October 24, 2015, rhizotomy left L3-4, L4-5, L5-S1 October 3, 2015, rhizotomy bilateral C5-6 April 11, 2014, MBB C5-6 November 28, 2013, MBB left L3-4, L4-5, L5-S1 October 4, 2013, laminectomy 1996. Current medication included Percocet, Soma, and Klonopin. Objective findings included; gait is normal and non-antalgic; tenderness to palpation of the cervical spine; decreased sensation in the C7 and C8 dermatomes on the right, decreased sensation L4 and L5 dermatomes left; positive Hoffman's bilaterally; straight leg raise on the left at 40 degrees elicits radiation of pain down left leg to calf; difficulty with rapid alternating movements. The physician documented; electrodiagnostic studies bilateral lower extremities February 2013 demonstrated left L5-S1 radiculopathy versus peroneal neuropathy at the ankle; CT of the lumbar spine June 2, 2015; conclusion levoscoliosis with transitional anatomy and disc

height loss L4-5, L5-S1 with fusion-segmentation anomaly of the posterior elements suspected with retrolisthesis L2-3 L3-4 and grade I anterolisthesis L5-S1; canal stenosis L3-4 mild; neural foraminal narrowing-L2-3 mild to moderate left, L3-4 mild to moderate left mild right, L4-5 mild right moderate left and L5-S1 mild right. The physician further documented; "upon my review there is severe fragmentation of the left L4-5 facet and spondylolisthesis at L5-S1." A 7-view cervical spine and lumbar spine x-rays were performed in the office at this visit. Diagnoses are chronic neck and back pain; cervical myelopathy; lumbar radiculopathy; multilevel facet arthropathy of the lumbar spine. Treatment plan included recommendation for L4-S1 decompression posterior spinal fusion, transforaminal lumbar interbody fusion, and at issue, a request for authorization for (6) sessions of acupuncture for the lumbar spine. According to utilization review dated September 23, 2015, the request for Acupuncture to the low back, six (6) sessions are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the low back, 6 sessions, outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The provider indicated in his report dated 09-16-15 "acupuncture did not work in the past....treatment plan: acupuncture x 6 requested..." The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read 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." After an unknown number of prior acupuncture sessions (reported as not beneficial), the patient continues symptomatic, and no evidence of any functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria and is not medically necessary.