

Case Number:	CM15-0195686		
Date Assigned:	10/09/2015	Date of Injury:	08/21/2013
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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 54 year old male with an industrial injury dated 08-21-2013. A review of the medical records indicates that the injured worker is undergoing treatment for adjustment reaction with depression and anxiety secondary to chronic pain and disability, lumbar spine disc bulging, lumbar facet arthropathy and status post lumbar spine surgery. According to the progress note dated 09-02-2015, the injured worker reported that his lower back pain has remained unchanged since last visit. Pain level was 6 out of 10 on a visual analog scale (VAS). The injured worker reported intermittent pain that increase to a 9, frequently. The injured worker reported bilateral leg pain. The injured worker has not tried any new therapy and is taking medications as prescribed. The injured worker is unable to tolerate work activities and is on temporary total disability. Objective findings (02-17-2015 to 09-02-2015) revealed tenderness to touch at the lower extremities. Treatment has included diagnostic studies, prescribed medications, home exercises, lumbar brace, psychiatric care, transcutaneous electrical nerve stimulation (TENS) unit, 2 update physiotherapy treatments, and periodic follow up visits. The treatment plan included acupuncture therapy, medication management continued use of transcutaneous electrical nerve stimulation (TENS) and follow up visit. The treating physician prescribed services for acupuncture #12 visits. The utilization review dated 09-14-2015, modified the request for 3 acupuncture visits (original: #12 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture # 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore the request is not medically necessary.