

Case Number:	CM15-0197066		
Date Assigned:	10/12/2015	Date of Injury:	06/30/1997
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This injured worker is a 51 year old female, who sustained an industrial injury on 06-30-1997. The injured worker was diagnosed as having chronic low back pain, lumbar laminectomy and fusion with removal of hardware, lumbar radiculopathy, chronic intermittent neck pain, cervicogenic, post traumatic migraines, tension headaches, and depression. On medical records dated 08-06-2015 and 09-15-2015, the subjective complaints were noted as low back pain with radiation down the left buttocks, lateral left leg and left foot, pain was noted as 15 out of 10. Neck pain, neck spasms and headaches rated at 9 out of 10. Objective findings were noted as having a slow and antalgic gait requiring a single point cane to assist with ambulation, moderate cervical paraspinal muscle tenderness and upper trapezius tenderness. Cervical range of motion was limited in all planes. Grip strength weakened bilaterally. Upper extremity strength weakened throughout bilaterally. Lumbar spine was noted to have moderate to severe tenderness to palpation to lumbar paraspinal muscles. Spasms were noted. Lumbar spine revealed limited range of motion and tenderness to palpation. Sensation to light touch diminished to lateral aspect of left leg and medial aspect of left lower leg, lower extremity deep tendon reflexes were depressed bilaterally. Straight leg raise was positive bilaterally. Treatments to date included medication and psychological treatment. The injured worker was noted to be permanent and stationary. Current medications were listed as Fentanyl Patch, Dilaudid, Clonazepam, Geodon, Lexapro, and Lunesta. The Utilization Review (UR) was dated 09-24-2015. A Request for Authorization was dated 08-11-2015 for 8 acupuncture sessions was submitted. The UR

submitted for this medical review indicated that the request for 8 acupuncture sessions was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The September 24, 2015 utilization review document recommended a modification of the requested eight acupuncture visits to a certified for visits in management of the patients chronic lower back pain. The evaluation performed on 8/6/15 identified functional deficits of lower back range of motion loss with radiation to the left lower extremity as well as bladder incontinence. The patient demonstrated objective findings of inability to ambulate on heels/toes due to severity of left leg pain. The medical necessity for acupuncture care was established as per CA MTUS acupuncture treatment guidelines and was supported for an initial trial of care that per said guidelines is three to six visits with evidence of functional improvement should additional care the requested. The medical necessity for 8 acupuncture visits is not supported by the reviewed medical records or the CA MTUS Acupuncture Treatment Guidelines.