

Case Number:	CM15-0198780		
Date Assigned:	10/14/2015	Date of Injury:	11/21/2008
Decision Date:	11/20/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 11-21-2008. He has reported subsequent neck, low back, and left hip, upper and lower extremity pain and was diagnosed with cervical and lumbar stenosis, cervical and lumbar disc protrusion, lumbar facet hypertrophy and bilateral hip pain. Treatment to date has included medication and rest, which were noted to have failed to significantly relieve the pain. In a progress note dated 07-09-2015, the injured worker reported constant severe 8 out of 10 neck pain radiating to the shoulders and constant severe 9 out of 10 low back pain radiating to the bilateral legs with numbness as well as 8 out of 10 bilateral hip pain. Pain and reduced range of motion of the cervical spine, lumbar spine and bilateral hips was noted. The treatment plan included pain medication and EMG-NCV of the bilateral upper and lower extremities. In a progress note dated 09-04-2015, the injured worker reported constant severe neck pain that was rated as 10 out of 10 and radiated to the bilateral shoulders and under the arms, constant severe 9 out of 10 sharp low back pain and stiffness radiating to the bilateral legs with numbness, tingling, weakness, cramping and muscle spasms and 6 out of 10 bilateral hip pain. Objective examination findings revealed painful and decreased range of motion of the cervical spine, lumbar spine and bilateral hips, pain with cervical distraction and pain with straight leg raise bilaterally. Work status was documented as off work. The physician's treatment plan included pain medication with a pending CT of the cervical and lumbar spine and pending authorization for neurosurgical evaluation for the cervical and lumbar spine. A request for authorization of acupuncture for the cervical and lumbar spine was submitted. There was no rationale for the request and the specific body parts to which acupuncture was to be applied was not documented. As per the 09-26-2015

utilization review, the request for acupuncture for the cervical and lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture does not define the amount of sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not medically necessary.