

Case Number:	CM15-0200617		
Date Assigned:	10/15/2015	Date of Injury:	04/08/2004
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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, Montana

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 67 year old male, who sustained an industrial injury on 4-8-04. Medical records indicate that the injured worker is undergoing treatment for cervical four-five disc bulge with spinal stenosis, lumbar four-five disc bulge with spinal stenosis and chronic pain. The injured worker was noted to be retired. On (8-26-15 and 6-24-15) the injured worker complained of neck and lower back pain with spasm. The pain was worse with activities. The injured worker had difficulties with activities of daily living due to pain. Examination of the lumbar spine revealed tenderness to palpation with spasm over the posterior neck and pain with motion which radiated down the left lower extremity. Range of motion was decreased. Sensation was normal in all dermatomes. A progress report dated 5-27-15 notes that the injured worker responded extremely well to acupuncture treatment and had improved range of motion and function. Treatment and evaluation to date has included medications, MRI of the lumbar spine and acupuncture treatments (6). Current medications include Ambien, Anaprox, Soma and Percocet. The current treatment request is for acupuncture treatments to the lumbar spine three times a week for four weeks #12. The Utilization Review documentation dated 9-24-15 non-certified the request for acupuncture treatments to the lumbar spine three times a week for four weeks #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine, 3 times a week for 4 weeks, quantity: 12 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.