

Case Number:	CM15-0200970		
Date Assigned:	10/16/2015	Date of Injury:	05/02/2012
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
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

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 31-year-old female, with a reported date of injury of 05-02-2012. The diagnoses include unspecified back disorder, anxiety, low back pain, and thoracic or lumbosacral neuritis or radiculitis. Treatments and evaluation to date have included Cyclobenzaprine, Nabumetone, Acetaminophen, Hydrocodone-Acetaminophen, Methoderm topical ointment, a back brace, Naproxen, Ondansetron, Flurbiprofen-Tramadol cream, Gabapentin-Amitriptyline-Dextromethorphan cream, Flurbiprofen-Baclofen-Dexamethasone, Gabapentin-Amitriptyline-Bupivacaine topical, Omeprazole, Flurbiprofen-Gabapentin-Cyclobenzaprine, and Terocin adhesive patch. The diagnostic studies to date have included an MRI of the lumbar spine on 04-24-2014, which showed dehiscence of the nucleus pulposus with downward extrusion of the nucleus pulposus, mild bony hypertrophy of the articular facets at L4-5 and L5-S1. The progress report dated 08-21-2015 indicates that the injured worker rated her pain 3-4 out of 10. On 06-26-2015, the injured worker rated her pain 5-6 out of 10. It was noted that the range of motion since the last visit had remained unchanged, and her strength was unchanged since the last visit. It was noted that the acupuncture sessions helped. She complained of left knee and low back pain. The objective findings include tenderness to palpation over the paraspinal area bilaterally; positive bilateral straight leg raise test; positive McMurray's test on the right; and abnormal range of motion of the thoracic spine and lumbar spine. The injured worker was not working. She was advised to remain off work until 09-23-2015. The treating physician requested sixteen (16) electro-acupuncture sessions. On 09-16-2015, Utilization Review (UR) modified the request for sixteen (16) electro-acupuncture sessions to six (6) electro-acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Electro-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 guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care. After prior acupuncture sessions rendered in the past (reported as beneficial in symptom reduction, function improvement, sleep pattern improvement), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 16) significantly exceed the guidelines criteria without a medical reasoning or extraordinary circumstances documented to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 16 is not supported for medical necessity.