

Case Number:	CM15-0201407		
Date Assigned:	10/16/2015	Date of Injury:	11/05/2014
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
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: Emergency 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 64 year old female, who sustained an industrial injury on 11-5-14. The injured worker was diagnosed as having lumbar strain with a complaint of right-sided radiculopathy. Subjective findings (7-7-15, 7-21-15) indicated 7 out of 10 pain in her lower back that radiates to the right buttock, thigh and calf. Objective findings (7-7-15, 7-21-15) revealed lumbar flexion is 70-90 degrees with pain, extension is 5-15 degrees and lateral bending is 10-30 degrees with pain. As of the PR2 dated 8-19-15, the injured worker reports worsening low back pain with radiation down the right lower extremity with numbness and tingling. She rates the pain 10 out of 10 at worst. There are no work restrictions. Objective findings include lumbar flexion is 90 degrees with pain, extension is 10 degrees and lateral bending is 20 degrees with pain. There is also a negative straight leg raise test. Treatment to date has included a lumbar MRI (date of service and results not provided), chiropractic treatments to the cervical, thoracic and lumbar spine x 6 sessions (completed on 2-6-15) and Gabapentin. The Utilization Review dated 9-21-15, modified the request for acupuncture x 9 sessions for the lumbar spine to acupuncture x 4 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 acupuncture sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The request is for 9 acupuncture sessions for the lumbar spine. 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. The typical duration of treatment to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, which requires either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. In regards to the injured worker, the request for 9 sessions exceeds the recommendations of the MTUS guidelines for 3 to 6 initial treatments. Treatment beyond the initial recommended duration would require clear documentation of a decrease in pain and an increase in functional capacity. The request as submitted is not medically necessary.