

Case Number:	CM15-0202758		
Date Assigned:	10/19/2015	Date of Injury:	08/11/2011
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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 53 year old female, who sustained an industrial injury on August 11, 2011. She reported by the injured worker are unknown. The injured worker was currently diagnosed as having generalized pain, thoracic sprain and strain, cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement and wrist tendinitis-bursitis. Treatment to date has included psychiatric treatment, home exercises, modified work, aquatic therapy and medications. On September 17, 2015, the injured worker was noted to continue to be symptomatic. She complained of lower back pain with radiation into the lower extremities with numbness, tingling and weakness. She reported difficulty with her daily activities along with difficulty with prolonged sitting, standing, walking, squatting, kneeling and stooping. She presented with an antalgic gait without the use of an assistive device. The treatment plan included twelve sessions of acupuncture, continuation of home exercises and a follow-up visit. On October 8, 2015, utilization review denied a request for twelve visits of acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture visits for the 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 guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions (reported as beneficial, no specifics reported), the patient continues symptomatic, and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) directly attributable to prior acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture fails to meet the criteria for medical necessity.