

Case Number:	CM15-0203945		
Date Assigned:	10/20/2015	Date of Injury:	04/16/2011
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/16/2015

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: 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:

This is a 57 year old male who sustained a work-related injury on 4-16-11. Medical record documentation for a 9-18-15 acupuncture therapy session revealed the injured worker was being treated for a lumbosacral back strain. During the session he reported low back pain with radiation of pain to the left side lumbar area with dull aches and a little sharp pain (9-18-15 and 7-24-15). He reported a pain level of +2 on a 10-point scale and improving active range of motion. Objective findings included a pain frequency of 0% to 25%, Hypertonicity of +1 to 5 (+1-2 to 5 on 7-24-15), tenderness of +1 of 4 (same as 7-24-15) and range of motion overall limited to 10% in the low back and lumbar area (15% on 7-24-15). On 7-24-15 the injured worker reported low back pain which he usually rated a 2-3 on a 10-point scale, previous treatment included multiple surgeries, physical therapy, medications, and epidural steroid injections. Documentation on 7-24-15 revealed his acupuncture therapy was providing him a good amount of relief and he had been authorized for an additional six treatments. An MRI of the lumbar spine on 4-10-15 revealed multilevel neural foraminal narrowing and recess narrowing. He had a sizeable central partially extruded lumbar disc herniation at L4-5 with a left paracentral herniation at L5-S1 and small disc protrusions proximally in the lumbar spine. A request for electro acupuncture, cupping, Tui-Na, heating for the low back two times per week for three weeks was received on 9-22-15. On 9-28-15, the Utilization Review physician determined electro acupuncture, cupping, Tui-Na, heating for the low back two times per week for three weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture, cupping, Tui-Na, heating, low back 2 times a week for 3 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The provider reported that the patient the patient benefited with acupuncture in the past. However, there was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 6 additional electro-acupuncture, cupping, tuina, and heating for the low back is not medically necessary at this time.