

Case Number:	CM15-0205290		
Date Assigned:	10/22/2015	Date of Injury:	05/13/1992
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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 71 year old male who sustained an industrial injury on 5-13-92. The medical records indicate that the injured worker was being treated for lumbar discopathy; lumbago. He currently (8-17-15) complains of persistent low back pain with radiation of pain into the lower extremities with numbness and tingling. The pain level was 7 out of 10. The pain level was between 7-8 out of 10 from 3-16-15 through 8-17-15. There are sleep difficulties due to pain. The pain is aggravated by bending, lifting, pushing, pulling, twisting, prolonged sitting, standing, walking. Physical exam of the lumbar spine revealed pain and tenderness right across the iliac crest into the lumbosacral spine, seated nerve root was positive, lower extremity stenosis, standing range of motion was guarded and restricted, no clinical evidence of instability on exam, there was tingling and numbness in the lateral thigh, anterolateral leg and foot, posterior leg and lateral foot which correlates with an L5-S1 dermatomal pattern. Diagnostics included MRI of the lumbar spine (7-24-15) showing anterior and lateral spurs from moderate degenerative changes, L1-2 and L2-3, L3-4, L4-5, L5-S1 disc desiccation. Treatments to date include physical therapy; home exercise program; medications (no specific medication indicated). Indication of prior acupuncture was not present. The request for authorization dated 9-29-15 was for acupuncture 2 times per week for 4 weeks for the low back. On 10-6-15 Utilization Review non-certified the request for acupuncture 8 sessions to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions, Low Back: 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 were rendered with unreported gains, the patient continues symptomatic, and no evidence of sustained, significant, functional improvement obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.