

Case Number:	CM15-0205707		
Date Assigned:	10/22/2015	Date of Injury:	11/01/1992
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
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: 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:

The injured worker is a 66 year old female, who sustained an industrial injury on November 1, 1992, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease. Treatment included pain medications, anti-inflammatory drugs, topical analgesic patches, and lumbar spine surgery, acupuncture sessions, and spinal cord implant with activity restrictions. The injured worker noted relief with her medication regimen and acupuncture sessions. Currently, the injured worker complained of increased low back pain radiating into the left buttock and tailbone area. She noted spasms and guarding with limited range of motion and painful range of motion of the lumbar spine. She rated her pain 7 out of 10 on a pain scale from 0 to 10. Following her last epidural steroid injection in November, 2014, she experienced significant pain relief. On June 17, 2015, the injured worker underwent another lumbar epidural steroid injection. She was diagnosed with failed lumbar back surgery, and bilateral sacroiliitis. It was recommended she continue with her current medications and acupuncture sessions. The treatment plan that was requested for authorization included acupuncture sessions for the lumbar spine once a week for ten weeks. On October 5, 2015, a request for 10 more sessions of acupuncture was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions (lumbar) 1x10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.