

Case Number:	CM15-0206005		
Date Assigned:	10/22/2015	Date of Injury:	02/14/2013
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76 year old male, who sustained an industrial injury on 2-14-2013. The injured worker is undergoing treatment for lumbar disc displacement, lumbago, lumbosacral spondylosis and cervicgia. Medical records dated 9-15-2015 indicate the injured worker complains of sharp, cutting, throbbing, dull, aching, shooting and electric like neck, left shoulder and back pain. He reports acupuncture has decreased pain from 9 to 5-6 out of 10. The treating physician indicates "pain is aggravated by bending forward, bending backwards, doing exercises, medication, and prolonged standing and sitting. The pain is relieved with rest and doing exercises." The treating physician indicates the patient avoids physically exercising, performing household chores and shopping. Physical exam dated 9-15-2015 notes a normal gait, cervical tenderness to palpation decreased range of motion (ROM), normal shoulder exam, decreased lumbar range of motion (ROM), tenderness to palpation and decreased sensation of C7 and C8 dermatomes. Treatment to date has included magnetic resonance imaging (MRI), acupuncture X8 activity alteration and medication. The original utilization review dated 10-1-2015 indicates the request for Prilosec, Diclofenac, Gabapentin and Tylenol #3 is certified and acupuncture sessions #6 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions, QTY: 6.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with sharp, cutting, throbbing, dull, aching, shooting and electric-like neck, left shoulder, and back pain. The current request is for acupuncture sessions, Qty: 6.00. The treating physician states, in a report dated 09/15/15, "Acupuncture authorization is re-requested. A total of six visits, once or twice weekly are requested." (99B) The Acupuncture Medical Treatment Guidelines (AMTG) does recommend acupuncture for the treatment of low back complaints. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments." In this case, the treating physician, based on the records available for review, states "acupuncture reduced the pains in the low back from 9 to 5-6/10. Completed 6 sessions and awaiting for additional 6 more." (98B) an initial course of acupuncture has been undertaken with noted functional improvement. An additional six sessions would be prudent to further reduce pain and further improve functioning. The current request is medically necessary.