

Case Number:	CM15-0206187		
Date Assigned:	10/23/2015	Date of Injury:	04/12/2012
Decision Date:	12/08/2015	UR Denial Date:	10/08/2015
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

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 54 year old female, who sustained an industrial injury on 4-12-12. The injured worker was diagnosed as having lumbago; chronic pain NEC; disc disease NEC; Lumbar annular tear L2-3, L4-5; spasm of muscle-right piriformis; sciatic nerve lesion-piriformis syndrome; bilateral sacroiliac sprain. Treatment to date has included acupuncture therapy; medications. Currently, the PR-2 notes dated 9-30-15 indicated the injured worker is in the office as a follow-up of her lumbar spine complaints. She reports she has completed another 6 acupuncture treatments and noted significant decrease in pain and she is able to "function better with better sleep". The provider notes her "pain is rated at pain score 4 out of 10". She reports her current medications afford temporary decrease in symptoms and denies any new related complaints. Her current medications are listed as: ibuprofen 800mg one TID; Flexeril 10mg one a bedtime. He documents a physical examination: "Antalgic gait favoring the right leg; decreased range of motion of the right hip due to pain; range of motion of the lumbar spine is decreased throughout in all planes due to pain; mild to moderate tenderness throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms. She has point tenderness of the sacroiliac joint and gluteal areas, right worse than left, myofascial test: trigger point with taut band of the right piriformis and gluteal muscle reproducing her pain. She has negative straight leg raise testing with positive Patrick's, FABERE's and Gaenslen's test on the right." He reviews her MRI and EMG studies. EMG is negative for radiculopathy and MRI of lumbar spine showed some "annular compromise-tearing involved the dorsal midline aspects of L2-3 and L4-5 discs." There were no acupuncture treatment notes submitted for review or to confirm more than 6 acupuncture visits have been completed in 2015. A Request for Authorization is dated 10-20-15.

A Utilization Review letter is dated 10-8-15 and non-certification for Electroacupuncture 2 times a week times 3 weeks, lumbar. A request for authorization has been received for Electroacupuncture 2 times a week times 3 weeks, lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroacupuncture 2 times a week times 3 weeks, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines state acupuncture may be extended with documentation of functional improvement. The provider reported that the patient completed 12 acupuncture sessions with significant clinical improvement. It was noted that acupuncture helped reduced the patient's pain, improved function, and improved sleep. However, there was no documentation of functional improvement gained from prior acupuncture sessions. Therefore, the provider's request for 6 additional electroacupuncture sessions is not medically necessary at this time.