

Case Number:	CM15-0206227		
Date Assigned:	10/23/2015	Date of Injury:	08/02/2009
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 61 year old female, who sustained an industrial injury on August 2, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having left leg joint pain, disorders of sacrum, lumbago, joint pain shoulder, cervicalgia, joint pain ankle and pain in right ankle and joints of foot. Treatment to date has included diagnostic studies, chiropractic treatment with benefit and medication. On June 24, 2014, a lumbar spine MRI showed L5-S1 mild annular disc bulging and a broad-based 4mm right posterior lateral extrusion extending 3mm inferiorly from the intervertebral disc level causing mild central canal stenosis and mild bilateral foraminal narrowing. On August 17, 2015, the injured worker reported low back pain and right knee stabbing pain with standing and walking. Positive lumbar spine tenderness was noted. On September 17, 2015, the injured worker complained of pain in her lower back and right shoulder. Physical examination of the lumbar spine revealed tenderness to palpation. Her gait was noted as right weight bearing, antalgic and guarded. The treatment plan included Tylenol, Gabapentin, Meloxicam, 24 visits of acupuncture for the low back, pain management consultation and a follow-up visit. On October 8, 2015, utilization review modified a request for acupuncture to the lower back 24 visits as outpatient to acupuncture to the lower back six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lower back 24 visits, outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to the evidence-based guidelines, acupuncture is recommended for chronic pain. The guideline recommends a trial of 3-6 sessions to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted records, it appears that the patient did not receive acupuncture in the past. Therefore, a trial appears to be medically necessary. However, the provider's request for 24 acupuncture sessions exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary and reasonable at this time. 6 acupuncture sessions would be appropriate for this case.