

Case Number:	CM15-0207608		
Date Assigned:	10/26/2015	Date of Injury:	03/30/2009
Decision Date:	12/11/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/22/2015

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, Montana

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 56-year-old female, who sustained an industrial injury on 3-30-2009. A review of the medical records indicates that the injured worker is undergoing treatment for acute low back pain and lumbar radiculopathy. On 9-28-2015, the injured worker reported low back pain with some pain in the right lower extremity. The Primary Treating Physician's report dated 9-28-2015, noted the injured worker able to walk with some difficulty. The injured worker's current medication was noted to include Hydrocodone. The physical examination was noted to show the lumbar spine with decreased range of motion (ROM), tenderness to palpation of the paraspinal muscles, and positive right straight leg raise. The Physician noted a lumbar MRI showed Grade 1 retrolisthesis of L2 on L3 and L3 on L4, a right paracentral-subarticular 4mm disc extrusion slightly progressed previously measuring 3mm, left lateral bulging disc-osteophyte complex at L3-L4 resulting in moderate left neural foraminal narrowing and mild displacement of the exited left L3 nerve roots, circumferentially bulging disc-osteophyte complex with right facet hypertrophy at L4-L5 and L5-S1 resulting in moderate bilateral neural foraminal narrowing. The Physician noted the injured worker continued to have pain having tried physical therapy already, and was requesting some acupuncture to "see if that helps". Prior treatments have included physical therapy, trigger injections, and Ibuprofen. The treatment plan was noted to include a prescription for acupuncture. The request for authorization dated 9-28-2015, requested acupuncture to lumbar spine 3 x 4 (QTY: 12). The Utilization Review (UR) dated 10-7-2015, modified the request for acupuncture to lumbar spine 3 x 4 (QTY: 12) to certify acupuncture to lumbar spine for six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to lumbar spine 3 x 4 (QTY: 12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions for lumbar spine, which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.