

Case Number:	CM15-0209693		
Date Assigned:	10/28/2015	Date of Injury:	05/28/2014
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 23 year old male who sustained an industrial injury on 5-28-14. A review of the medical records indicates he is undergoing treatment for lumbar sprain and strain. Medical records (5-27-15, 8-19-15, and 9-11-15) indicate ongoing complaints of low back pain. He rates his pain "2-3 out of 10". The 9-11-15 record indicates that his low back injury has "improved with acupuncture". The treating provider indicates that he has "less pain, less muscle tension, making it easier to perform tasks such as housework and self-care". The physical exam (8-19-15) reveals painful lumbar flexion and extension. Kemp's test is positive on the right side. Bilateral straight leg raise is negative. Tenderness is noted of the right paraspinal muscle on palpation with "mild" muscle spasms along the right lumbar paraspinal area. The bilateral lower muscle strength is noted to be "5 out of 5". Sensation is noted to be "intact" in bilateral lower extremities. Gait is noted to be "normal". Treatment has included medications, activity modification, physical therapy, bilateral L3-4 and L4-5 facet injections, and at least 6 sessions of acupuncture. The injured worker is working modified duties. The treatment plan indicates that the injured worker completed initial acupuncture sessions and has "less pain, improved range of motion and functional improvement". A request for 6 additional sessions is made. The utilization review (10-8-15) includes requests for authorization of additional acupuncture for the lumbar spine (1x6), additional acupuncture for the lumbar spine x 15 minutes (2x6), re-exam with an acupuncturist (1x6), and limited exam with acupuncturist for the lumbar spine (1x6). All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for the lumbar spine one times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The acupuncture provider's progress note dated 09-11-15 indicated "very little change...". In her progress report (same day) although the acupuncturist documented the patient improved his activities of daily living, no specifics of pre and post-acupuncture improvements were included. In the same report, it was described that pain was reduced with acupuncture, but again, no pre-acupuncture and post-acupuncture pain levels were documented for comparison purposes and to support such statement. Current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Although six prior acupuncture sessions rendered were reported as beneficial, no clear evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x 6 is not medically necessary.

Additional acupuncture for the lumbar spine 15 mins, two times a week for six weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The acupuncture provider's progress note dated 09-11-15 indicated "very little change...". In her progress report (same day) although the acupuncturist documented the patient improved his activities of daily living, no specifics of pre and post-acupuncture improvements were included. In the same report, it was described that pain was reduced with acupuncture, but again, no pre-acupuncture and post-acupuncture pain levels were documented for comparison purposes and to support such statement. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that prior acupuncture sessions were reported as beneficial, no documentation of any objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture was provided to support the appropriateness of the additional acupuncture requested. Therefore, additional acupuncture is not medically necessary.

Re-exam with acupuncturist one times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back. Follow-up visits.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The acupuncture provider's progress note dated 09-11-15 indicated "very little change...". In her progress report (same day) although the acupuncturist documented the patient improved his activities of daily living, no specifics of pre and post-acupuncture improvements were included. In the same report, it was described that pain was reduced with acupuncture, but again, no pre-acupuncture and post-acupuncture pain levels were documented for comparison purposes and to support such statement. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that prior acupuncture sessions were reported as beneficial, no documentation of any objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture was provided to support the appropriateness of the additional acupuncture requested. Consequently, if additional acupuncture is not supported for medical necessity, the incidental evaluations (re- exams) related to the additional acupuncture requested are not medically necessary.

Limited exam with acupuncturist for the lumbar spine one times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back. Follow-up visits.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The acupuncture provider's progress note dated 09-11-15 indicated "very little change...". In her progress report (same day) although the acupuncturist documented the patient improved his activities of daily living, no specifics of pre and post-acupuncture improvements were included. In the same report, it was described that pain was reduced with acupuncture, but again, no pre-acupuncture and post-acupuncture pain levels were documented for comparison purposes and to support such statement. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that prior acupuncture sessions were reported as beneficial, no documentation of any objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture

was provided to support the appropriateness of the additional acupuncture requested. Consequently, if additional acupuncture is not supported for medical necessity, the incidental evaluations (limited exams) related to the additional acupuncture requested are not medically necessary.