

Case Number:	CM15-0021594		
Date Assigned:	02/11/2015	Date of Injury:	05/29/2014
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/04/2015

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 51-year-old male, who sustained an industrial injury on May 29, 2014. The injured worker has reported low back pain. The diagnoses have included lumbago, sacral sprain/strain, and lumbar radiculopathy. Treatment to date has included pain medication, physical therapy, MRI of the lumbar spine, x-rays of the lumbar spine, an orthopedic consultation, chiropractic treatment, and acupuncture treatment. The documentation notes that the acupuncture treatments provided significant relief after each session but then the pain returned with bending and prolonged standing and sitting. The MRI of the lumbar spine revealed lumbar disc disease. Current documentation dated January 19, 2015 notes that the injured worker complained of low back pain with radiation to the left lower extremity. Associate symptoms included numbness and tingling in the left lower extremity with prolonged sitting. Physical examination of the lumbar spine revealed tenderness to palpation with spasms of the paraspinal muscles. Sensation was reduced in the bilateral feet. Range of motion was restricted. On January 26, 2015 Utilization Review non-certified a request for acupuncture three times a week for four weeks with massage to the back. The treating physician notes that the acupuncture treatments the injured worker received in the past were helpful. The MTUS, Acupuncture Guidelines and the Chronic Pain Medical Treatment Guidelines, were cited. On February 4, 2015, the injured worker submitted an application for IMR for review acupuncture three times a week for four weeks with massage to the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 For Back with Massage: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 22, 63-65.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Passive therapy (those treatment modalities that do not require energy expenditure on the part).

Decision rationale: 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. Six acupuncture sessions were rendered on or around 10, 2014 with only temporary relief of symptoms reported. Without documented objective functional improvement (quantifiable response to treatment) obtained with prior acupuncture therefore, additional acupuncture is not medically necessary. In regards to the massage request, based on the Chronic Pain Medical Guidelines, page 99, Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment. The injury that the patient presents is of a chronic nature, without a clear flare up documented, therefore additional passive therapy (massage) is not medically necessary.