

Case Number:	CM15-0022449		
Date Assigned:	02/10/2015	Date of Injury:	07/26/2010
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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 56-year-old male, who sustained an industrial injury on July 26, 2010. The diagnoses have included spondylosis lumbosacral, lumbar facet arthropathy, sprain/strain of the lumbar region and chronic pain. Treatment to date has included physical therapy, chiropractic treatment, massage therapy, acupuncture therapy, home exercise program, lumbar facet injection, and medication. Currently, the injured worker complains of chronic low back pain which he rates a 6-7 on a 10-point scale. The injured worker states that his pain is aggravated by prolonged standing, sitting or repetitive bending and heavy lifting. He reports that he has completed all of his acupuncture sessions and is not sure how much it has reduced his pain as he only had a few sessions and they were spread out in frequency. The evaluating physician recommended medications, continued home exercise, program, nutrition and core strengthening. On January 28, 2015 Utilization Review non-certified a request for continued acupuncture for the lumbar spine, noting that the evidence provided does not clearly reflect evidence of specific and sustained functional improvement from previous acupuncture. The California Acupuncture Medical Treatment Guidelines was cited. On February 6, 2015, the injured worker submitted an application for IMR for review of continued acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture sessions 1 x 6 (lumbar): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient underwent extensive acupuncture in the past with reported symptom reduction and function improvement. The last treatment authorized/rendered was on 01-07-15 and the previous to the last one was on 09-24-14. The reported condition at the time of the last acupuncture treatment indicated that although the patient continued with chronic back pain (unreported pain level), was working full time with permanent restrictions (no intolerance noted), and taking medication as needed (no intolerance noted). No specific functional deficits were documented at the time to be addressed by the additional acupuncture requested. The guidelines could support the extension of acupuncture care 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. After extensive prior acupuncture sessions (reported as beneficial in reducing symptoms and improving function), additional acupuncture x 6 was requested. At the time of the request, no functional deficits were documented for the acupuncture to address. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the MTUS. Therefore, the additional acupuncture requested is not supported for medical necessity.