

Case Number:	CM15-0210799		
Date Assigned:	10/29/2015	Date of Injury:	09/10/2014
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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 78 year old male with a date of injury on 09-10-2014. The injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy and continuous opioid dependence. The nurse practitioner notes dated 08-24-2015 and 09-21-2015 documents the injured worker has complaints of pain in both shoulders, right arm, right elbow, right wrist, right hand mid and lower back and right leg and feet. It is associated with numbness and tingling of the right hand and right foot and weakness of the feet. The pain is constant and severe in intensity. At its best his pain is rated 6 and at its worse his pain is 9, with this visit he rates his pain as 7. He complains his pain has been worsening. He can walk one block and he has to stop due to his pain. He has tenderness to palpation over the right lumbar paraspinal muscles. There is no pain over the spinal process. There is positive lumbar facet loading maneuver bilaterally. He ambulates without an assistive device. There is documentation that the injured worker had 10 acupuncture treatments previously and it helped. A physician progress note dated 09-09-2015 documents the injured worker has completed 2 out of 6 acupuncture sessions but it is a different acupuncturist and as a result he indicates his symptoms are no more improved. He would like to return to his original acupuncturist but he does not accept worker's compensation claims. He has low back pain secondary to a fall with acute L1 compression fracture with loss of 90% vertebral height and severe canal stenosis from retropulsion compression of the vertebral body in contact with the thoracic cord. There are no acupuncture progress notes present for review. Treatment to date has included diagnostic studies, medications, 10 acupuncture visits, physical therapy and acupuncture. A urine drug

screen done on 08-24-2015 was positive for opioids. Current medications include Norco, and Mentherm gel. The Request for Authorization dated 09-30-2015 includes Acupuncture 9 sessions, lumbar spine, Mentherm gel and Hydrocodone. On 10-15-2015 Utilization Review non-certified the request for Acupuncture 9 sessions, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 9 sessions, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of pain in the bilateral shoulders, arms, right elbow, right wrist, right hand, and mid and lower back. According to the report dated 9/21/2015, the provider reported that the patient completed 10 acupuncture sessions and it helped a lot. There was no documentation regarding functional improvement from prior acupuncture sessions. The guideline states that acupuncture may be extended with documentation of functional improvement. Therefore, based on the lack of functional improvement from prior sessions, the provider's request for 9 additional acupuncture sessions for the lumbar spine is not medically necessary at this time.