

Case Number:	CM15-0211333		
Date Assigned:	10/30/2015	Date of Injury:	11/07/2003
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
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 female, who sustained an industrial-work injury on 11-7-03. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, cervical facet arthropathy, low back pain and right lower extremity (RLE) pain, lumbar disc bulge and upper back pain. Treatment to date has included pain medication, Zanaflex and Lidoderm patches are the only medications tolerated, yoga and physical therapy stretches, acupuncture at least 16 sessions and other modalities. The medical records also indicate improvement of the activities of daily living. Per the treating physician report dated 10-1-15, the injured worker is retired. The physician indicates that the cervical Magnetic Resonance Imaging (MRI) dated 12-29-03 reveals left C6-7 narrowing of the neural foramen and bilateral foraminal narrowing at C5-6 secondary to facet hypertrophy. Magnetic resonance imaging (MRI) of the lumbar spine dated 6-23-09 reveals multi-level disc bulges. Medical records dated 10-1-15 indicate that the injured worker complains of ongoing neck and low back pain and continues to do well with acupuncture as she is able to walk for 45 minutes, drive 30 minutes, do yoga and physical therapy stretches. The pain levels are kept down to about 2 out of 10 on the [pain scale with acupuncture weekly. The physical exam reveals that she continues to have increased tenderness of the cervical and lumbar paraspinal muscles with active spasm and decreased range of motion. The physician indicates that the injured worker has demonstrated significant decreased overall pain levels and increased activity levels. Per an acupuncture report dated 5/18/15, the claimant has completed 8 sessions of acupuncture with mild and short-term relief with acupuncture. Her Oswestry score has decreased from 52 to 44. Her medications are

voltaren 100 mg, zanaflex 2 to 4 mg, lidoderm, and tramadol 50mg 1 to 2 a day prn. The acupuncture report dated 9-24-15 (after 16 sessions of acupuncture all together) reveals that the injured worker has been pleased with good relief with the acupuncture treatments. She has shown functional improvement by score of 11 and 22 percent. The previous score was 30 and 60 percent. She now reports a score of 19 and 38 percent. She has shown functional improvement in the areas of pain intensity, personal care, lifting, walking, sitting, standing, sleeping, social life and travelling. The injured worker has expressed interest in more sessions of acupuncture for further progress. Medications have decreased to only zanaflex and lidoderm. The request for authorization date was 10-13-15 and requested service included Acupuncture, lumbar and cervical, 2 times weekly for 3 weeks, and 6 sessions. The original Utilization review dated 10-20-15 non-certified the request for Acupuncture, lumbar and cervical, 2 times weekly for 3 weeks, 6 sessions as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, lumbar and cervical, 2 times weekly for 3 weeks, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with functional improvement. The claimant's Oswestry score has decreased overall from 52 to 30 and her medications have decreased objectively from four medications to two medications. Therefore, with functional objective improvement, six further acupuncture sessions are medically necessary.