MAXIMUS Federal Services

Case Number:	CM15-0212876		
Date Assigned:	11/02/2015	Date of Injury:	02/08/2006
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/29/2015

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 2-8-06. The injured worker was being treated for postoperative cervical spine fusion, cervical spine herniated nucleus pulposus with radiculopathy, right carpal tunnel syndrome, right shoulder postoperative arthroscopy, lumbar spine herniated nucleus pulposus, bilateral plantar fascia and secondary dental decay due to prolonged medication use, right lateral epidcondylitis, depression and sleep deprivation. On 9-16-15, the injured worker complains of constant cervical spine pain with associated headaches, right wrist and hand pain with numbness and tingling, right shoulder pain with popping and clicking, constant low back pain with radiation to bilateral thighs with numbness and tingling, bilateral plantar pain, medications induced gastritis, right elbow pain, depression and difficulty sleeping. Physical exam performed on 9-16-15 revealed spinous process tenderness, paravertebral spasm bilaterally in cervical spine, decreased sensation of anterior and posterior right arm, tenderness of AC joint and bicipital groove, reduced motor strength of right shoulder, pain and tenderness of palpation of right lateral epicondyle and soft tissues, tenderness and paravertebral muscle spasm bilaterally to thoracolumbar evaluation and bilateral tenderness to metatarsal head. Treatment to date has included oral medications including Lyrica, Suboxone, Prilosec and Omeprazole, physical therapy, acupuncture treatment (which didn't work), discogram, epidural steroid injections, heat treatment, ice treatment, trigger point injections, TENS and massage therapy. The treatment plan included follow up for spinal cord stimulator trial, follow up with dentist, follow up for right shoulder surgery (10-14-15) and

acupuncture for low back for 8 visits. On 10-5-15 request for 8 acupuncture visits for low back was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x per week for 8 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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." After an unknown number of prior acupuncture sessions, no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without any extraordinary circumstances documented to support such request. Therefore, the additional acupuncture is not supported for medical necessity.