

Case Number:	CM15-0217248		
Date Assigned:	11/09/2015	Date of Injury:	07/02/2009
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/04/2015

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:

This is a 50-year-old male with a date of industrial injury 7-2-2009. The medical records indicated the injured worker (IW) was treated for aseptic necrosis of the head and neck of the femur; sacroiliitis, not elsewhere classified; and lumbago. In the progress notes (6-25-15 and 10-13-15), the IW reported moderate low back pain and pain in the right hip and buttock area; he stated the pain was worse in the right buttock. He complained of pain in the right leg and hip with electric, sharp pain running up from the knee. The pain was 7 out of 10 in the back, 8 out of 10 at its worst; right hip pain was 6 to 7 out of 10 and 8 at worst. Prolonged walking and lifting heavy objects aggravated the pain and it was relieved by rest and medications (not specified). On examination (6-25-15 and 10-13-15 notes), forward flexion of the lumbar spine was 50 degrees, extension was 20 degrees and side bending was 25 degrees, left and right. Rotation was limited. No tenderness was noted in the lumbar paraspinals. Previous treatments were not documented. The IW was on modified duty and working full time. The provider planned treatment with acupuncture, which was previously approved, but no treatments were scheduled. A Request for Authorization dated 10-19-15 was received for acupuncture, 9 visits, for the low back. The Utilization Review on 10-26-15 non-certified the request for acupuncture, 9 visits, for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 9 visits, 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: Based on the records reviewed, a first request for acupuncture x 9 was approved but never rendered. The provider did not explain the circumstances under which the approved care was not provided. A second request for nine acupuncture sessions was made by the provider. As it does not appear that the patient has yet undergone an acupuncture trial and given the patient continued symptomatic an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested 9 sessions, which exceeds the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not medically necessary.