MAXIMUS Federal Services

Case Number:	CM15-0217979		
Date Assigned:	11/09/2015	Date of Injury:	10/30/2013
Decision Date:	12/24/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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, Montana
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 51 year old male who sustained and industrial injury on 10-30-2013. Medical records indicate the injured worker is being treated for lumbosacral sprain-strain injury, lumbosacral disc injury, lumbosacral radiculopathy, and myofascial pain syndrome. The treating physician notes dated 7-7-2015, 7-21-2015, 8-26-2015, 9/23/2015, and 10-7-2015 state the injured worker reports continued low back and leg pain and objective findings from the same visits showed decreased lumbosacral motion, motor strength was noted as 5-5 in the lower extremity, deep tendon reflexes were 2-2 of the knee and ankle joints, there was a positive straight leg raise for both legs, and there was trigger point pain in the lumbosacral paraspinal musculature. Per the treating physician's note dated 10-7-2015 the injured worker's work status is to remain temporarily partially disabled with limitations no pushing or pulling more than 10 pounds and occasional back bending and twisting activities. The treating physician also recommends the injured worker to have electro-acupuncture treatment and lumbar epidural steroid injection (which the physician states were denied, so again requesting further approval for treatment) and he is to continue Percocet and Mobic. An MRI of the lumbar spine dated 2-11-2014 showed at the L4-5 level a bulge with superimposed broad-based central disc protrusion which extended 4mm dorsally as well as facet arthrosis, mild canal narrowing, and mild bilateral neuroforaminal narrowing. At L1-2 there was a mild bulge without significant canal and neuroforaminal narrowing. A bilateral electromyogram-nerve conduction study dated 7-9-2014 showed evidence of bilateral lumbosacral radiculopathy with active denervation localized to bilateral L4-5 nerve roots greater than the S1 nerve root. Treatment to date for the injured worker

has consisted of medications including Percocet, Mobic, and Tizanidine (the injured worker reports somewhat improved his low back pain), Flexeril and Naprosyn (both since at least 1-30-2014), Relafen and Orphenadrine-Norflex (both since at least 2-28-2014), he reports he tried Neurontin and another similar medication but was unable to tolerate the side effects, home exercises, epidural steroid injection without any improvement, he reports receiving approximately 6 sessions of physical therapy without improvement, and he reports receiving acupuncture treatments but the quantity and frequency were not reported, however per the multidisciplinary report dated 2-10-2015 states the injured worker reports acupuncture has not been helpful. The UR dated 10-27-2015 requests 12 electro-acupuncture visits for the lumbar, 2 visits per week for 6 weeks, non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Electro-Acupuncture visits for the lumbar, 2 visits per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X6 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.