

Case Number:	CM15-0221365		
Date Assigned:	11/16/2015	Date of Injury:	06/07/2005
Decision Date:	12/29/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/10/2015

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 62 year old male who sustained an industrial injury on June 7, 2005. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include lumbar facet arthropathy, chronic opioid therapy, lumbar sprain strain, and left lumbar radiculitis. In the provider notes dated October 28, 2015 the injured worker complained of low back pain. He describes his pain as "sharp, burning, throbbing, pins and needles." His states that his pain has gotten worse and rates his pain 7 on the pain scale. He states his pain is "constant brought on with all activities and better with rest." He has been off Norco and his pain is increasing. He is doing home exercise program and currently taking his Gabapentin and Nortriptyline without any adverse effects. On exam, the documentation stated there was tenderness of the lumbar paraspinal muscles with decreased range of motion. The treatment plan includes medication, H wave trial Lidoderm patches and acupuncture treatment two times a week for three weeks. A Request for Authorization was submitted for 97810 acupuncture treatments for lumbar spine. The Utilization Review dated November 6, 2015 denied the request for 97810 acupuncture treatments for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for lumbar spine Qty: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient's injury is over 10 years old. It is unclear if the patient has had prior Acupuncture sessions or if the request is for initial trial of care. Provider requested 6 acupuncture sessions which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Acupuncture is used as an adjunct to physical rehab, which was also not documented in the provided medical records. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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, 6 acupuncture treatments are not medically necessary.