

Case Number:	CM15-0222855		
Date Assigned:	11/18/2015	Date of Injury:	12/20/2003
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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 56 year old male, who sustained an industrial injury on December 20, 2003. The injured worker was diagnosed as having cervical, thoracic, and lumbosacral sprain and strain injury, cervical degenerative disc disease, lumbosacral degenerative disc disease, lumbosacral disc injury, history of rib fracture, myofascial pain syndrome, and depression. Treatment and diagnostic studies to date has included medication regimen, home exercise program, and electro-acupuncture with quantity unknown. Examination performed on October 05, 2015 was revealing for tenderness to the cervical spine and cervical paraspinal muscles, pain with cervical range of motion, positive Spurling's testing bilaterally, tenderness to the lumbar spine and the lumbar paraspinal muscles, pain with range of motion to the lumbar spine, and positive straight leg raises bilaterally. The progress note from October 05, 2015 did not indicate the injured worker's pain level as noted on a visual analog scale. On October 05, 2015 the treating physician noted prior electro-acupuncture therapy of an unknown quantity performed that was noted to have a "beneficial effect in the past and wishes to have more electro-acupuncture treatment for his recent flare-up involving low back", but the medical records provided did not include prior electro-acupuncture progress notes, the injured worker's pain level prior to electro-acupuncture and after electro-acupuncture to determine the effects of electro-acupuncture, and if the injured worker experienced any functional improvement with activities of daily living with prior electro-acupuncture sessions. The medical records provided did not indicate if the injured worker had prior myofascial release performed. On October 05, 2015 the treating physician requested electro-acupuncture with infrared heat and myofascial release with a quantity of 12 noting prior electro-acupuncture as noted above. On October 20, 2015 the Utilization Review determined the request for electro-acupuncture with infrared heat and myofascial release with a quantity of 12 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture with Infrared heat and Myofascial Release #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Based on the providers report dated 10-05-15, the acupuncture the patient had in the past was beneficial, therefore additional acupuncture care was requested (neither the number of visits completed nor the benefits obtained with such visits was disclosed). 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 (reported as beneficial, no specifics reported), no documented sustained, significant, objective functional improvements (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 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture fails to meet the criteria for medical necessity. As the myofascial release and infrared heat are incidental to the main procedure (acupuncture) which is not medically necessary, consequently the secondary procedures (myofascial release and infrared heat) will not be supported for medical necessity.