

Case Number:	CM15-0223347		
Date Assigned:	11/19/2015	Date of Injury:	10/14/2014
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 26 year old female, who sustained an industrial injury on October 14, 2014. The injured worker was diagnosed as having facet arthropathy of the cervical and lumbar spine and lumbar disc herniations with neural foraminal narrowing. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, at least 24 sessions of chiropractic therapy, and at least 8 sessions of acupuncture. In a progress note dated October 08, 2015 the treating physician reports complaints of pain to the neck along with stiffness and cramping. The treating physician also reports complaints of sharp, stabbing, burning, and aching pain to the low back that radiates stabbing pain to the mid back along with occasional numbness and weakness to the bilateral lower extremities. Examination performed on October 08, 2015 was revealing for an antalgic gait, pain with bilateral facet loading to the cervical and lumbar spine with the right greater than the left, decreased range of motion to the cervical and lumbar spine with pain, decreased sensation to the lumbar 5 dermatome on the left, and decreased strength to the tibialis anterior and extensor hallucis longus muscles. The injured worker's pain level on October 08, 2015 was rated a 5 out of 10 to the neck and a 6 out of 10 to the low back. The progress note from October 08, 2015 noted at least 8 sessions of acupuncture was performed that were noted to be "painful during treatment," but with "some relief of pain". The treating physician also noted that the prior acupuncture "has helped decrease her pain and improved her activity level", allowing her to be "capable of sitting and walking about 10 to 15 minutes longer at a time", but the progress note did not include the injured worker's pain level prior to acupuncture and after acupuncture to determine the effects

with the prior acupuncture therapy. The acupuncture progress note from October 05, 2015 noted that after 8 sessions of acupuncture the injured worker's pain level decreased from an 8 to 4 along with noting that "8 treatments were not enough, but she made progress" and noted that "continuing with the acupuncture treatments (12 to 16 treatments) is recommended". On October 08, 2015 the treating physician requested additional acupuncture at 2 times a week for 4 weeks to "help decrease her pain and increase her level of activity." On October 29, 2015 the Utilization Review determined the request for acupuncture times 8 sessions for the back to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 for the back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review determination completed on 11/2/15 denied the treatment request for acupuncture visits, eight sessions directed to the patient's back citing CA MTUS acupuncture treatment guidelines. The reviewed medical records identify a prior history of neck and back pain with bilateral lower extremity numbness and weakness with a 9/10/15 reported history of failed conservative treatment including medication, chiropractic and acupuncture as well as activity modification. Through 10/8/15 the patient had received 24 chiropractic visits and eight acupuncture visits with no indication that applied care led to any measurable objective functional gains. The reviewed medical records failed to support the medical necessity for additional acupuncture care or comply with the prerequisites for consideration of additional care per CA MTUS acupuncture treatment guidelines that being evidence of functional improvement. The request is not medically necessary.