MAXIMUS Federal Services

Case Number:	CM15-0223719		
Date Assigned:	11/19/2015	Date of Injury:	08/09/2012
Decision Date:	12/30/2015	UR Denial Date:	11/12/2015
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, 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 47 year old male, who sustained an industrial injury on 8-9-12. The injured worker was diagnosed as having chronic lumbago; lumbar disc displacement without myelopathy, myalgia, myositis; sleep disturbance; sacroiliitis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 11-3-15 indicated the injured worker complains of low back and bilateral lower extremity pain and right buttock pain. He is in the office as a follow-up visit and with questions regarding his pain and further treatment options. The provider documents "The patient reports pain is typically of severe intensity without treatment on a regular basis. It is described as an aching and lancinating sensation in the primary area of discomfort. The level of pain is exacerbated by periods of increased activity and lifting of objects. It is partially relieved by analgesic medications and various types of injection therapy. He reported that he still has pain but the pain is appreciably lessened by current treatment regimen." The injured worker reports he is having "difficulty obtaining an adequate level of restorative sleep despite the current treatment. He is experiencing an 'overall compromised mood due to his painful condition". The injured worker reports he is on a "controlled substance therapy" and has signed a medication agreement, but would like to discontinue the medications due to a perceived benefit. He has been advised of additional treatment options such as physical therapy, injection therapy and surgery when indicated. The provider documents "Since starting the needling session, his Norco usage has dropped about 70%. He is doing more and is now dong his home exercises as well. He feels that functionally at home he is much improved. He is requesting more treatments due to the helpfulness of his latest

round of therapy." Medications are listed as: Cyclobenzaprine 10mg one half to 1 three times daily; Omeprazole DR 40mg one daily; Meloxicam 15mg 1 daily; Lyrica 150mg 2 a bedtime; Norco 10-325mg 1-2 daily for pain PRN. The provider's treatment plan documents based on the functional improvements he has exhibited and the fact that he continues to get better with the needling treatments, we are requesting that he be approved for 6 more treatments. PR-2 notes dated 10-27-15 indicate needling sessions have been effective for him. He notes that the pain relief has been appreciable enough to continue the treatments. The area of pain has been decreased, the range of motion of the area has increased, and or the patient is able to do more functionally since starting the needling sessions. He does have additional questions and or things to review in addition to requesting that the acupuncture treatment be performed in the office today. This note goes on to mention "medial branch radiofrequency neurotomy" and it is difficult to discern if this is part of a treatment alternative for future care. A Request for Authorization is dated 11-13-15. A Utilization Review letter is dated 11-12-15 and non-certification for Acupuncture Qty 6. A request for authorization has been received for Acupuncture Qty 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Qty 6: 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 6 acupuncture sessions which were non-certified by the utilization review. The provider documents "Since starting the needling session, his Norco usage has dropped about 70%. He is doing more and is now dong his home exercises as well. He feels that functionally at home he is much improved. He is requesting more treatments due to the helpfulness of his latest round of therapy." Medications are listed as: Cyclobenzaprine 10mg one half to 1 three times daily; Omeprazole DR 40mg one daily; Meloxicam 15mg 1 daily; Lyrica 150mg 2 a bedtime; Norco 10-325mg 1-2 daily for pain PRN. The provider's treatment plan documents based on the functional improvements he has exhibited and the fact that he continues to get better with the needling treatments, we are requesting that he be approved for 6 more treatments. 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, additional 6 acupuncture treatments are not medically necessary.