

Case Number:	CM15-0030765		
Date Assigned:	02/24/2015	Date of Injury:	11/01/2012
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/18/2015

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 52 year old female who sustained an industrial injury to the lumbar spine and right foot/ankle on November 1, 2012. There was no mechanism of injury documented. The injured worker was diagnosed with L4-L5 anterolisthesis grade 1, lumbar spine degenerative disc disease with multi-level foraminal narrowing, lateral epicondylitis, left cubital tunnel syndrome and left carpal tunnel syndrome. The injured worker underwent cubital tunnel release on October 27, 2014 followed by physical therapy times 12 sessions. According to the primary treating physician's progress report on December 16, 2014 the injured worker continues to experience intermittent lumbar back pain, right foot and heel pain. The most recent lumbar magnetic resonance imaging (MRI) was performed in 2012. Lumbar spine flexion is documented at 40/90 degrees, extension 10/25 degrees, right and left lateral flexion at 15/25 degrees. The injured worker had full range of motion of the right foot with minimal discomfort noted. Current medications consist of Gabapentin, Cyclobenzaprine, Tramadol and Omeprazole. Treatment modalities consist of home exercise program, acupuncture therapy and chiropractic therapy. The injured worker is on temporary total disability (TTD) and currently not working. The treating physician requested authorization for additional acupuncture therapy twice a week for 6 weeks to the lumbar spine. On January 21, 2015 the Utilization Review denied certification for additional acupuncture therapy twice a week for 6 weeks to the lumbar spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Acupuncture Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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.