MAXIMUS Federal Services

Case Number:	CM15-0031055		
Date Assigned:	02/24/2015	Date of Injury:	03/30/2013
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/19/2015

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:

This 34 year old female sustained an industrial injury on 3/30/13, with subsequent ongoing back pain. Magnetic resonance imaging lumbar spine (7/2/14/) showed degenerative disc disease with a disc fragment at L5-S1. Treatment included physical therapy, aqua therapy, epidural steroid injections, transcutaneous electrical nerve stimulator unit, cognitive therapy, psychotherapy and home exercise. In a PR-2 dated 1/9/15, the injured worker complained of lumbar spine pain 1-4/10 with occasional very mild radiation to the leg. The injured worker reported greater than 70% relief from an epidural steroid injection on 10/2/14. Physical exam was remarkable for bilateral paraspinal tenderness to palpation with restricted lumbar spine range of motion in all planes and decreased sensation on the left L5 distribution. Current diagnoses included lumbar disc degeneration, lumbar radiculopathy and lumbar facet syndrome. The treatment plan included continuing home exercise and core stabilization and continuing pain management to monitor progress. On 1/7/15, a request for authorization was submitted by the same physician for acupuncture lumbar spine twice a week for six weeks, trigger point injection to the left buttock, one year gym membership, spine surgery evaluation and diagnostic ultrasound of the lower lumbar region and left buttock. On 1/9/15, Utilization Review noncertified a request for acupuncture to the lumbar spine 2 times a week for 6 weeks noting lack of documentation indicating response from previous therapy and citing CA MTUS Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lumbar spine 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. Also, the 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 on 12-17-14 as beneficial in reducing symptoms and in the report dated 01-17-15 the condition was described as "worse"), no evidence of any significant, objective functional improvement obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.