MAXIMUS Federal Services

Case Number:	CM15-0035332		
Date Assigned:	03/03/2015	Date of Injury:	12/17/2011
Decision Date:	04/09/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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 51 year old, male patient, who sustained an industrial injury on 12/17/2011. A pain management visit dated 02/09/2015 reported subjective complaint of low back pain associated with right lower extremity pain. The pain is described as an electrical burning sensation that travels posterior-laterally down the right lower extremity to the dorsum of foot. He stated the medications help decrease the pain. The patient is found having had a right trans-foraminal epidural steroid injection to L4-5 and L5-S1 on 4/24/2014 with a 50 % improvement of symptoms for nearly five month. In the past, 02/28/2013 he had a lumbar epidural injection again with noted improvement for several months. Lastly, he received bilateral L4-5 and L5-S1 facet medial branch blocks under fluroscopy on 08/28/2014. He has undergone previous acupuncture treatment with good effect. The patient is status post left knee arthroscopy 05/03/2013; and right knee 07/24/2013. A request was made for 8 sessions of acupuncture treatment. The following medications are prescribed; Oxycodone for severe pain and Lyrica for neuropathic pains. The patient is diagnosed with; lumbar radiculopathy right lower extremity; lumbar sprain/strain with 4-5 mm disc protrusion, moderate bilateral facet hypertrophy at L4-5 and L5-S1 resulting in moderate bilateral neuroforaminal stenosis per radiography 023/14/2014; status post right/ left knee arthroscopy; neuropathic pain right wrist, status post open reduction internal fixation external fixator placement; status post bilateral shoulder surgery; bilateral knee internal derangement with ACL rupture, chondromalacia and tear, and elevated liver function testing. On, 02/18/2015, Utilization Review, non-certified the request, noting the CA MTUS,

Acupuncture Guidelines was cited. On 02/25/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture treatment: 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. The same guidelines could support extension of acupuncture care 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. An unknown number of acupuncture visits were rendered in the past which ineffective, according to the providers report dated 12-04-14. Additional six sessions were authorized on or around February 2015, but based on the providers report dated 02-09-15 "were not scheduled yet." Based on the reports, not all the sessions previously authorized were completed; therefore an assessment of whether additional care is needed is unknown as the authorized care has not been completed. Secondly, no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Thirdly, the request is for acupuncture x 8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.