

Case Number:	CM15-0037102		
Date Assigned:	03/05/2015	Date of Injury:	11/29/2007
Decision Date:	11/30/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/27/2015

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 49 year old male who sustained an industrial injury on 11-29-2007. According to the most recent progress report submitted for review and dated 01-15-2015, the injured worker reported low back pain with lower extremity symptoms rated 7 on a scale of 1-10. He wished to avoid interventional treatment. He reported that his lumbosacral orthosis (LSO) no longer fastened and inquired about a new one. He used it 45 days per week with improved tolerance to standing and walking. Medications included Hydrocodone, Naproxen and Pantoprazole. Objective findings included no signs of infection of the lumbar spine. Lumbar range of motion was as follows: flexion 35 degrees, extension 30 degrees, left and right lateral tilt 30 degrees and left and right rotation 30 degrees. Diminished sensation was noted at L5 and S1 dermatomal distributions. Difficulty arising from a seated position was noted. Diagnoses included status post lumbar decompression L5-S1 in July of 2007 and low back pain with lower extremity symptoms. The treatment plan included acupuncture for the lumbar spine 2 times per week for 6 weeks, chiropractic treatment for the lumbar spine 3 times per week for 4 weeks, LSO and TENS 30 day trial. Medications prescribed included Hydrocodone, Naproxen and Pantoprazole. "No acupuncture to date" was noted. Disability status was noted as permanent and stationary. On 02-24-2015, Utilization Review non-certified the request for 12 sessions of acupuncture, 2 times per week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture 2 times per week for 6 weeks lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient underwent a prior acupuncture trial. As the patient continued symptomatic despite previous care (surgery, physical therapy, oral medication, work modifications and self care, amongst others) an acupuncture trial for pain management would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial 12 acupuncture sessions, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive and not medically necessary.