

Case Number:	CM15-0040084		
Date Assigned:	03/10/2015	Date of Injury:	08/23/2005
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on 8/23/2005. The current diagnoses are persistent low back pain, status post microscopic decompression/partial discectomy of the lumbar spine at L4-L5 (2006), chronic lumbar spine musculoligamentous sprain/strain, and recurrent right L4-L5 radiculopathy. Treatment to date has included medications, acupuncture, and surgery. Per notes, the prior course of acupuncture treatment provided significant symptomatic benefits including significant decrease in low back pain and right lower extremity complex regional pain symptomology, along with a significant decrease in prescription medication use and improved sleeping pattern. According to the progress report dated 8/28/2014, the injured worker complains of ongoing residual back pain with significant pain in his right lower extremity. The current plan of care includes acupuncture once (1) a week for six (6) weeks to the lumbar spine and pain management consultation in consideration for sympathetic block injection vs. lysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once (1) a week for six (6) weeks Lumbar: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient has a date of injury of 08/23/05 and presents with a flare-up of his lower back and right lower extremity pain. The Request for Authorization is not provided in the medical file. The current request is for ACPUNCTURE ONE 1 A WEEK FOR SIX 6 WEEKS, LUMBAR. The treating physician has reported that prior course of Acupuncture treatments provided the patient with "significant decrease in low back pain and right lower extremity complex regional pain symptomatology, along with significant decrease in prescription medication use and improved sleeping pattern." The Utilization review modified the certification to 3 sessions stating, "#3 is allowed for demonstration of functional improvement and/or decrease in pain." In this case, the treating physician has documented that previous acupuncture treatment provided decreased pain, improved function and reduced medication usage. The Acupuncture Medical Treatment Guidelines on page 4 states, "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The current request for 6 acupuncture treatments is medically necessary.