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| Case Number: | CM15-0049777 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 03/05/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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 61 year old male who sustained an industrial injury on 3/5/12 which involved immediate pain in his back with radiating symptoms down his right lower extremity, when he got up from lying down position trying to clamp a scooter onto his bus. He had physical therapy that initially was helpful and MRI and he continued to work with back pain. He currently complains of central low back pain with radiating numbness around the lateral thigh. His pain intensity is 4-5/10. He currently uses Aleve as needed. Diagnoses include chronic low back pain with right lateral thigh numbness; grade 2 anterolisthesis and spondylolysis of L5on S1. Treatments to date include acupuncture trial, physical therapy which did not provide much benefit and exercises. Diagnostics include MRI of the lumbar spine (4/30/12) abnormal findings; x-rays of the lumbar spine (12/18/14). In the progress noted dated 11/6/14 the treating provider's plan of care included a request for a trial of acupuncture to determine if it will be effective in reducing pain and improve function. In the note dated 12/11/14 the treating provider's plan of care instructed the injured worker to keep his appointment for a trial of acupuncture and to cancel physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the Lumbar Spine, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3 to 6 treatments. The same 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." Despite that six acupuncture sessions were already performed (reported by the provider as beneficial in reducing symptoms), there is a lack of documentation demonstrating that medication intake reduction, or work restrictions reduction, or activities of daily living improvement were obtained with previous acupuncture to support the reasonableness and necessity of the additional acupuncture requested. Also, the request is for eight acupuncture sessions, with no extraordinary circumstances described to support a number of sessions that exceeds the guidelines. Consequently, the request for additional acupuncture is not medically necessary.