

Case Number:	CM15-0050459		
Date Assigned:	03/23/2015	Date of Injury:	03/30/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/17/2015

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 59 year old male, who sustained an industrial injury on 03/30/2013. He reported that he felt a pop and immediate pain in his low back and he fell to his knees. The injured worker was diagnosed as having lumbar spine disc disease, lumbar radiculopathy, lumbar spine facet syndrome and right sacroiliac joint arthropathy. Treatment to date has included MRI, physical therapy, radiofrequency ablation, acupuncture and medications. Currently, the injured worker complains of low back pain with radiating pain down his bilateral lower extremities with numbness and tingling. Pain was increased since he stopped acupuncture. He was currently not working. Medications include Norco alternating with Tramadol and Ibuprofen. He reported occasional gastric upset from medication. Diagnoses included Herniated Nucleus Pulposus of the lumbar spine with radiculopathy and facet arthropathy. Treatment plan included acupuncture. He was to remain off work until 04/18/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 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 note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments, also could support the 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. After six acupuncture sessions were already rendered (reported as beneficial in reducing symptoms), the patient continues symptomatic, totally disable, taking oral medication and 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. In addition 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.