

Case Number:	CM15-0059794		
Date Assigned:	04/06/2015	Date of Injury:	01/12/2010
Decision Date:	05/11/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/30/2015

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: Chiropractor, 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 46 year old female who sustained an industrial injury on 1/12/10 resulting in low back injury and hip pain. She bent down to put a basket down and could not stand up, feeling a sharp pain. She was diagnosed with lumbar strain. Initial treatments were rest, ice, Prednisone, Flexeril and Vicodin, physical therapy and diagnostic studies. Of note, she has had prior industrial related injury to her low back (2007). She currently complains of constant, burning low back pain that radiates down her legs. Her pain intensity is 2/10 with medication. Medication is Tramadol. Diagnoses include thoracic or lumbosacral neuritis/ radiculitis; lumbago. Treatments to date include pain medications and stretching exercises which offer low back pain relief; psychological evaluation; acupuncture. Diagnostics include MRI lumbar spine (3/19/10) showing disc protrusion and mild stenosis and on 3/29/11 with abnormal findings; MRI lumbar spine (9/2/14). In the progress note dated 12/4/14 the treating provider's plan of care requests continuation of acupuncture 2 X 3 to lumbar spine. The note from 2/3/15 the treating provider's plan of care is to continue with acupuncture treatments as she has been able to decrease her medications and increase her activities of daily living. Per an acupuncture report dated 11/6/2014, the claimant's Oswestry score is 29. Per an acupuncture report dated 12/4/2014, the claimant has a score of 54 on Oswestry. Per a Pr-2 dated 12/5/2014, the claimant has completed 8 sessions of acupuncture and has temporary improvement at best for two days after the treatment. Per an acupuncture report dated 1/15/2015, she is initiating acupuncture treatment with an Oswestry score of 42. Per a progress report dated 2/10/2015, the claimant reported that acupuncture therapy helped with her pain. Her Oswestry score decreased from 42 to 31. Her

range of motion improved by 50%. Per a Pr-2 dated 3/4/2015, the claimant is about the same. Acupuncture helps for the week to decrease the pain but it is temporary. Functional levels have not really changed, she is not working, and spends all of her day at home. Per a Pr-2 dated 3/24/2015, the claimant reports that when she is doing acupuncture she is able to go roughly one week without medication and has minimal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x a week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, and a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had benefits. However, the provider fails to document objective lasting functional improvement associated with acupuncture treatment. The results of acupuncture seem to be temporary and lasting one week at best. There is improvement in Oswestry score recently, but the scores were lower in the past. The claimant does not appear to be decreasing dependency on continued treatments. Range of motion is stated to have improved but there are no objective measurements of ranges of motion. The claimant has not been able to return to work. Therefore further acupuncture is not medically necessary.