

Case Number:	CM15-0060819		
Date Assigned:	04/07/2015	Date of Injury:	06/09/2011
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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 36-year-old male who sustained an industrial injury on 06/09/2011. Diagnoses include pelvic fracture status post-surgery in 2011, back fusion in 2011, lumbar spine disc injury, ambulation dysfunction, chronic pain syndromes, lumbar disc displacement, and lumbar radiculopathy. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, acupuncture, and epidural injections. A physician progress note dated 02/24/2015 documents the injured worker still has severe flare-up of pain and discomfort involving low back and legs. She has a lot of pain in her tailbone. There is lumbar spine, lumbosacral tenderness to palpation and painful range of motion. Straight leg raising is positive bilaterally. Treatment requested is for electro acupuncture x 12 session's in house (lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture x 12 sessions in house (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-acupuncture 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. 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." After an unknown number of prior acupuncture sessions (reported as beneficial in reducing symptoms), the patient continues taking the same amount of pain killers 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 12, number that exceeds significantly the guidelines recommendations without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not medically necessary.