

Case Number:	CM15-0080584		
Date Assigned:	05/01/2015	Date of Injury:	10/18/2005
Decision Date:	06/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/27/2015

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 47-year-old male, who sustained an industrial injury on 10/18/05. Initial complaints are not noted. The injured worker was diagnosed as having lumbar spondylosis without myelopathy; scoliosis/kyphosis; knee replacement; pain in limb. Treatment to date has included physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 3/4/15 indicated the injured worker complains of ongoing pain in his lower back as well as bilateral knees. The injured worker has completed one session of acupuncture which has been remarkably beneficial but now having ongoing symptoms. Objective findings are noted as: focally tender at the L4 through S1 as well as superior iliac crest. There is also noted lumbar scoliosis degenerative type and status post bilateral knee total replacements. The provider is requesting 12 Acupuncture sessions, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The provider indicated in his report dated 10-14-14: "despite extensive physical therapy and acupuncture, the patient continues with ongoing symptoms". In his report dated 01-19-15, the same provider indicated: "acupuncture helped with the pain level." The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The guidelines note 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 were rendered, the benefits were documented in a contradictory way by the same provider. Without any evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture provided to support the reasonableness and necessity of the additional acupuncture requested, additional acupuncture is not supported for medical necessity by the guidelines. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, based on the previously mentioned the additional acupuncture x 12 is not supported for medical necessity.