MAXIMUS Federal Services

Case Number:	CM15-0084287		
Date Assigned:	05/06/2015	Date of Injury:	07/15/2008
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/01/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial/work injury on 7/15/08. He reported initial complaints of lower back pain. The injured worker was diagnosed as having herniated nucleus pulposus of lumbar spine, lumbar facet arthropathy and lumbar spondylosis. Treatment to date has included medication, Transforaminal epidural steroid injection, medial branch block to L4-5 and L5-S1, physical therapy, acupuncture sessions (24), MRI results were reported on 12/2011 that demonstrated T12 fracture, acute vs. subacute, 1 cm disc protrusion or extrusion at L5-S1 leading to severe central stenosis secondary to severe left lateral recess stenosis due to asymmetrical facet degenerative changes, moderately severe left and moderate right lateral recess stenosis at L4-5 due to disc bulging and facet degenerative change. Currently, the injured worker complains of ongoing back pain with stiffness with radiation of numbness to the left lower limb down to the toes. Pain is rated at 7-8/10. Per the primary physician's progress report (PR-2) on 3/4/15, there is an increase in low back pain and numbness in the back due to sleeping wrong. Examination revealed tenderness to palpation over the lumbar facet joints, right > left, positive facet joint loading, decreased range of motion to the lumbar spine in all planes, tenderness at L4-5m L5-S1, positive facet loading bilaterally at the same level, decreased sensation in the left L5 dermatome, motor strength 5-/5 plantar dorsiflexion and quadriceps and hamstrings. Current plan of care included bilateral medial branch block, rhizotomy with cardiac clearance and medication. The requested treatments include acupuncture therapy treatments for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture therapy treatments for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined 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." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for acupuncture exceeds the 24 visits, as a progress note from 10/2014 indicates that 24 visits of acupuncture have been completed already. The currently requested acupuncture is not medically necessary.