

Case Number:	CM14-0211900		
Date Assigned:	12/24/2014	Date of Injury:	09/30/2010
Decision Date:	02/19/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/17/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 53-year-old man with a date of injury of September 30, 2010. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are aftercare for surgery of the musculoskeletal system (right elbow); cervical this herniation with myelopathy; lumbar disc displacement with myelopathy; lateral epicondylitis of the bilateral elbows; thoracic spondylosis without myelopathy; and mild fasciitis. Pursuant to the progress note dated October 15, 2014, the IW reports he feels worse and complains of headaches rated 7/10; neck, low back and upper back pain rated 8/10. The pain is associated with weakness in legs and arms. He also has numbness, giving way, and locking in the legs. The pain radiates to the buttocks, shoulders, forearms, arms, elbows, hands, fingers, legs, thighs, feet, ankles, and toes. He has received 12 sessions of acupuncture thus far. There was no documentation or evidence of objective functional improvement associated with prior acupuncture to the lumbar spine. He is doing stretching and walking exercises at home. He is currently off work. Examination of the lumbar spine reveals tenderness to palpation (TTP) with guarding and spasms over the paravertebral region and spinous process bilaterally. There is also TTP over the sciatic notch. Straight leg raise test was positive. Sensory examination revealed decreased sensation to light touch at the feet. The treating physician is requesting additional acupuncture 3 times a week X 2 weeks lumbar spine (electric acupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared, and diathermy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 2 Lumbar, (electro-acupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared, diathermy): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines, acupuncture three times a week times two weeks lumbar (electric acupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared, diathermy) is not medically necessary. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The guidelines provide for an initial treatment of 3 to 4 visits over two weeks; what evidence of objective functional improvement at total of up to 8 to 12 visits over 4 to 6 weeks (the evidence is inconclusive for repeating this procedure beyond an initial short course of therapy). In this case, the injured worker's working diagnoses are aftercare for surgery of the musculoskeletal system (right elbow); cervical disc herniation with myelopathy; lumbar disc displacement with myelopathy; lateral epicondylitis of the bilateral elbows; thoracic spondylosis without myelopathy; and myofasciitis. A progress dated October 15, 2014 indicates the injured worker received 12 sessions of acupuncture. The documentation indicates "since the last examination, he feels worse and complaints of headache 7/10; neck, low back and upper back pain 8/10. The clinical documentation does not support additional acupuncture based on a review of the first 12 sessions and continued pain. Additionally, the guidelines state "the evidence is inconclusive for repeating this procedure beyond an initial short course of therapy". Consequently, absent clinical documentation supporting an additional 12 acupuncture sessions, the guideline recommendation of an initial set of up to 8 to 12 visits with objective functional improvement and clinical symptoms worsening after the 12 acupuncture sessions, (additional) acupuncture three times a week times two weeks lumbar (electric acupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared, diathermy) is not medically necessary.