

Case Number:	CM14-0216007		
Date Assigned:	01/06/2015	Date of Injury:	12/10/2004
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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

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 sustained a work related injury on December 10, 2004. The exact mechanism of the work related injury, and the body parts involved was not included in the documentation provided. A MRI of the lumbar spine dated June 9, 2013, noted L4-L5 with significant facet arthropathy, a minor anterolisthesis, a dorsal protrusion with significant right foraminal extension, and a high grade right foraminal and central canal stenosis. The Physician's visit dated December 5, 2014, noted the injured worker experiencing a severe flare-up of low back pain over the previous couple months. The injured worker reported pain in the right buttock and down the right leg to the foot, with a cold sensation in the lateral right lower leg to the foot, and greater difficulty walking, using a cane to provide support. The injured worker reported the inability to use strong pain medications, such as opioids, while living in a home with recovering alcoholics, and would be unable to live there if using any pain medications. Physician examination was noted to show the injured worker anxious and in pain, with spasm and guarding noted in the lumbar spine. The diagnosis was listed as lumbar disc displacement without myelopathy. The Physician noted the injured worker with a severe flare-up of back pain and increased radicular symptoms into the right lower extremity, awaiting authorization for a transforaminal epidural steroid injection at L4-L5, with a surgical consultation if no response to the injection. The injured worker requested to try acupuncture as had not had this in the past. The Physician noted the inability to prescribe any opioid medications due to the living situation and recommended a trial of Gabapentin at bedtime. The injured worker's work status was noted to be permanent and stationary. The Physician requested authorization for a right L4-L5

transforaminal epidural steroid injection under fluoroscopic guidance and IV sedation, Gabapentin 600mg #90, and acupuncture sessions for the lumbar spine once a week for twelve weeks. On December 19, 2014, Utilization Review evaluated the request for a right L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance and IV sedation, Gabapentin 600mg #90, and acupuncture sessions for the lumbar spine once a week for twelve weeks, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the MTUS Acupuncture Guidelines. The UR Physician certified the right L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance and IV sedation and Gabapentin 600mg #90. The UR Physician noted that the injured worker had reported a flare-up of pain in the low back with deficits on exam, and had not previously received any acupuncture treatments. The UR Physician modified the request for acupuncture sessions for the lumbar spine once a week for twelve weeks, with partial certification recommended for a trial of six acupuncture visits. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions for the lumbar 1x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture treatments for lumbar spine which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.