

Case Number:	CM14-0218817		
Date Assigned:	01/08/2015	Date of Injury:	09/16/2010
Decision Date:	03/09/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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: 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 53 year old female with a date of injury as 09/16/2010. The cause of the injury occurred when the injured worker tried to sit at work and fell to the floor. The current diagnoses include lumbar disc rupture, ankle sprain, and sciatica. Previous treatments include medications, cam walker for the left foot, prior acupuncture, and injections. Primary treating physician's reports dated 01/31/2014 through 11/12/2014, and acupuncture progress reports from 09/05/2014 through 11/19/2014 were included in the documentation submitted for review. Report dated 11/12/2014 noted that the injured worker presented with complaints that included recurrent pain radiating down from her lower back. Physical examination revealed slight tenderness in the lumbar spine and right sacroiliac joint, moderate tenderness over the greater trochanteric bursa, and pain in the right foot and ankle. Acupuncture progress notes indicate that the injured worker has previously completed 6 acupuncture visits, report dated 11/19/2014 indicates that the injured worker has decreased range of motion in the lumbar spine and myospasms in the lumbar spine. Documentation did not contain a detailed evaluation following the completion of the acupuncture. Medication regimen consists of Norco, and Ambien. The injured worker has returned to full duty on 08/15/2014 with no limitations or restrictions. The utilization review performed on 12/08/2014 non-certified a prescription for acupuncture 2 x 5 lumbar based on no documentation of a maintained increase in function or decrease in pain with the previous acupuncture. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar region, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 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 could support the extension of acupuncture 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, no specific evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) attributable to prior acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.