

Case Number:	CM15-0008269		
Date Assigned:	01/26/2015	Date of Injury:	01/30/2012
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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 (IW) is a 50 year old male who sustained an industrial injury on 01/30/2012. He has reported pain in the lumbar spine rated 3-4 out of 10 and exacerbated by sitting, standing, and walking. Numbness and tightness of the legs was noted. Diagnoses include lumbar strain, lumbar radicular syndrome and lumbar disc protrusion (as diagnosed with a MRI of lumbar spine 11/25/2014) at L3-L4, L4-L5 and L5-S1. Treatment to date includes acupuncture, massage and infrared with acupuncture and medications. A progress note from the treating provider dated 10/23/2014 indicates the physical examination revealed non-antalgic gait and normal heel and toe walk. Range of motion was limited on flexion, extension and lateral bend. There was paralumbar tenderness to palpation greater on the left than the right, and the straight leg raise was positive on the right with pain. Treatment plans include acupuncture and medications. On 12/17/2014 Utilization Review non-certified a request for Acupuncture twice a week for six weeks for the lumbar spine, noting because there is no measurable functional and objective goal that is measurably deficient and in need of improvement and no recent documented objective findings to support the functional improvement necessary for an extension of acupuncture treatment, the acupuncture care is not medically necessary at this time. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for six weeks 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: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read 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." Although an unknown number of acupuncture sessions were rendered in the past, the provider did not document any significant, objective functional improvement (quantifiable response to treatment) obtained with such care to support the additional acupuncture requested for medical necessity. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without any extraordinary circumstances documented to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.