

Case Number:	CM15-0105846		
Date Assigned:	06/10/2015	Date of Injury:	05/10/1999
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 68 year old female, who sustained an industrial injury on May 10, 1999. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbosacral neuritis, chronic pain, back disorder, post-laminectomy syndrome, lumbar radiculopathy, insomnia and medication related dyspepsia. Treatment to date has included medications, radiological studies, MRI, acupuncture treatments, home exercise program, spinal cord stimulator placement and lumbar spine surgery. Current documentation dated March 30, 2015 notes that the injured worker reported low back pain, which radiated to the bilateral lower extremities. The injured worker also noted ongoing occipital headaches and insomnia related to pain. The pain was rated a four out of ten on the visual analogue scale with medications. The pain was noted to be unchanged from the prior visit. Examination of the lumbar spine revealed tenderness to palpation in the spinal vertebral area lumbar four-sacral one levels. Range of motion was slightly decreased due to pain. The treating physician's plan of care included a request for outpatient acupuncture treatments to the lumbar spine # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture treatments, eight (8) sessions to the lumbar: 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." Despite that 24 prior acupuncture sessions were rendered (reported as beneficial in reducing symptoms, medication and improved function), the patient continues symptomatic, taking oral medication and no evidence of any significant, objective functional improvement (quantifiable response to treatment) directly attributable to previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity.