

Case Number:	CM15-0107755		
Date Assigned:	06/12/2015	Date of Injury:	06/05/2004
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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:

This 59 year old female sustained an industrial injury to the low back on 6/5/04. Recent treatment included acupuncture and medications. The injured worker had attended twelve acupuncture sessions between 2/24/15 and 3/10/15. In an acupuncture progress note dated 2/29/15, the injured worker complained of frequent low back pain with radiation in to the buttocks, rated 9/10 on the visual analog scale. In an acupuncture progress note dated 3/10/15, the injured worker reported feeling less pain. The injured worker rated her pain 3-4/10 on the visual analog scale. Lumbar spine range of motion was within normal limits. The injured worker reported that her lumbar spine symptoms could get aggravated if she overdid it. In a PR- 2 dated 5/12/15, the injured worker complained of increased lumbar spine pain since last office visit. Physical exam was remarkable for lumbar spine with tenderness to palpation, muscle spasms and decreased range of motion. Current diagnoses included displacement of intervertebral disc without myelopathy. The treatment plan included additional acupuncture once a week for six weeks and a prescription for Norco for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Acupuncture for Lumbar Spine, 2 times wkly for 6 wks, 12 sessions: 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 an unknown number of prior acupuncture sessions were already rendered, no significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.