

Case Number:	CM15-0109347		
Date Assigned:	06/16/2015	Date of Injury:	10/15/2009
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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 was a 42-year-old male, who sustained an industrial injury, October 15, 2009. The injured worker previously received the following treatments Colace, Zanaflex, Salonpas Patch, Hydromorphone, Viagra, Lidoderm Patches, Gabapentin, Trazodone, Glyburide, Janumet, Miconazole cream, Byetta, Gemfibrozil, Pioglitazone and Flomax, 6 sessions of acupuncture. The injured worker was diagnosed with lumbar radiculopathy, lumbar spine degenerative disc disease, low back pain, and mood disorder and post lumbar laminectomy syndrome. According to progress note of May 8, 2015, the injured workers chief complaint was back pain with radiation from the low back including posterior-lateral thigh and calf including the lateral bottom and dorsal aspect of the foot. The low back pain radiated down the right leg and lower backache with numbness over the right leg. The injured worker rated the pain at 6 out of 10 with mediations and 8 out of 10 without medications. The injured workers quality of sleep was fair. The injured worker was suffering from constipation from mediations. The physical exam noted loss of normal lordosis with straightening of the lumbar spine and surgical scar. The range of motion was restricted with flexion and extension due to pain. On palpation of the paravertebral muscles, spasms, tenderness and tight muscle bands were noted on both sides. The Faber's test was positive. The ankle jerk was 0 out of 4 on both sides. The patellar jerk was 1 out of 4 on both sides. There was tenderness noted over the posterior iliac spine on the right side of the sacroiliac spine. The straight leg raises were positive on the right. According to the progress note of April 43, 2015 the injured worker's sleep had improved with acupuncture therapy, the injured worker was able to sleep 5 hours without waking up. The injured worker report a 50% reduction in pain, the pain level was as low as 5 out of 10. The treatment plan included additional acupuncture for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 6 sessions lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Report from the provider dated 06-05-15 (post-acupuncture) indicated "activity level has decreased." Report from the provider dated 06-12-15 (appeal of acupuncture denial) stated: "pain level is decreased for hours to 5/10." (Temporary relief with no specific functional improvements documented). 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. In the absence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture provided to support the reasonableness and necessity of the additional acupuncture requested, additional acupuncture fails to meet the criteria and is not medically necessary.