

Case Number:	CM15-0109913		
Date Assigned:	06/16/2015	Date of Injury:	09/04/2000
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
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 is a 45 year old female who sustained a work related injury September 4, 2000. While working as a motor coach driver, she developed low back pain with radiation into the right leg. Past history included IDET (intradiscal electrothermal therapy) September 2004, gastric bypass February 2010, and peptic ulcer disease. According to a physical medicine and rehabilitation physician's office note, dated April 13, 2015, the injured worker presented with low back pain described as sharp, stabbing, cramping, tingling, throbbing, rated 7/10, radiating down the bilateral lower extremities along with paresthesia, more so on the right than left. Current medications included Norco, Lidoderm patch, Gabapentin, and Eszopiclone. Associated symptoms included numbness, tingling, spasms, fatigue, swelling, locking of the knee and weakness. Diagnoses are documented as lumbosacral strain; sciatica; myofascial pain/myositis. Treatment plan included at issue, a request for authorization for Acupressure lumbar spine and Acupuncture, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times a week, lumbar spine, per 4/13/15 order Qty: 12.00: 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." After an unknown number of prior acupuncture sessions (reported as not beneficial, provider's report dated 01-27-15), additional acupuncture was requested. In the absence of any significant, objective functional improvement obtained with previous acupuncture, it is unclear the goals for the recent request. Also, based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. 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.

Acupressure, lumbar spine, per 4/13/15 order Qty: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 99.

Decision rationale: Based on the Chronic Pain Medical Guidelines, page 99, "Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment." The injury that the patient presents is of a chronic nature (14+ years), without a clear flare up documented, requesting additional passive care in the form of acupressure, without indicating the number of prior sessions rendered, benefits obtained and goals for the recent request, therefore the acupressure x 12 is not medically necessary.