MAXIMUS Federal Services

Case Number:	CM15-0015152		
Date Assigned:	02/03/2015	Date of Injury:	10/05/2004
Decision Date:	03/18/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/27/2015

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: Chiropractor, 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 male patient, who sustained an industrial injury on 10/05/2004. A pain management follow up visit dated 12/10/2014 reported the patient with persistent low back pain accompanied by significant radicular symptoms to bilateral lower extremities right greater. He is also with a diagnosis of lumbar postlaminectomy syndrome with procedure date of 10/14/2009 and hardware removal performed on 01/04/2012. The patient has been managing his pain with Neurontin 600 MG. There is also mention of him going through a detoxification program on 11/17/2013 and was weaned off all opiates. On 07/26/2012 the patient underwent placement of a lumbar spinal cord stimulator, but did not persue permanent placement. In addition, the patient required Ambien to sleep nightly and also had good weeks worth of positive effect to trigger point injections. He is currently prescribed Xanax, Prilosec, Neurontin, Ambien and Soma. A request was made for 12 acupuncture session treating the lumbar spine. On 01/14/2015 Utilization Review non-certified the request, noting the CA MTUS Acupuncture Guidelines were cited. On 01/27/2015 the injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the lumbar spine 2 times a week for 6 weeks, quantity: 12 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted.