

Case Number:	CM15-0015806		
Date Assigned:	02/03/2015	Date of Injury:	09/19/2013
Decision Date:	03/20/2015	UR Denial Date:	01/23/2015
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: 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 69 year old male, who sustained an industrial injury on September 19, 2013. He has reported lower back pain. The diagnoses have included unspecified back disorder, lumbago, and thoracic or lumbar neuritis or radiculitis, unspecified. Treatment to date has included work modifications, MRI, functional capacity evaluation (FCE), and medications. The records refer to a prior course of physical therapy which he found was not beneficial. The specific dates or results of physical therapy are not in the provided medical records. The records refer to a prior course of acupuncture, but do not provide specific dates or results. The injured worker found the acupuncture to be beneficial. On January 2, 2015, the treating physician noted the pain level was 8-9 on a 1-10 scale. The range of motion and strength are unchanged since the last visit. The physical exam revealed abnormal range of motion the lumbar spine, tenderness to palpation over the bilateral paraspinal areas, and positive bilateral straight leg raises. The treatment plan included starting physical therapy; consider acupuncture, and an acupuncture consultation. On January 23, 2015 Utilization Review non-certified a prescription for electroacupuncture, and acupuncture evaluation and 6 treatment visits for the lumbar spine, noting the lack of objective documentation that the claimant can or has received clinically significant benefit from prior electroacupuncture for the right hip and lumbar spine. There was a lack of documentation of a plan to reduce pain medications and any intolerance to current pain medications. The California Medical Treatment Utilization Schedule (MTUS), Acupuncture Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroacupuncture an acupuncture evaluation and 6 treatment visits for the lumbar spine:
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 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 by the provider as beneficial), no significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was documented in order to support the reasonableness and necessity of the additional electroacupuncture and six treatment visits requested to treat the lumbar spine. As no recent flare up was documented, the need for an evaluation is not supported for medical necessity. Therefore, the request previously mentioned is not supported for medical necessity.