

Case Number:	CM15-0018525		
Date Assigned:	02/06/2015	Date of Injury:	10/18/2012
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/31/2015

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 61 year old female who sustained an industrial injury on 10/18/12. She reports back pain. Treatments to date include medications, lumbar ESI, and TENS unit for home use. Diagnoses include lumbago, degenerative disc disease, and lumbar facet arthropathy, and sciatica. In a progress note dated 12/21/14 the treating provider recommends a lumbar ESI, extensive acupuncture care, continued medications, and consultation with a neurosurgeon regarding possible surgery. On 01/21/15 Utilization Review non-certified acupuncture, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, # 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Despite that the patient already underwent 22 acupuncture sessions, several epidural lumbar injections, she continues working one day a week and another epidural injection

was requested. 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 22 prior acupuncture sessions (reported as beneficial in reducing symptoms), no evidence of any sustained, 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. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the MTUS (guidelines). In addition the request is for acupuncture x 8, number that exceeds the guidelines recommendations without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.