

Case Number:	CM15-0115025		
Date Assigned:	06/23/2015	Date of Injury:	08/01/1999
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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 65 year old male, who sustained an industrial/work injury on 8/1/99. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral degenerative disc disease, lumbar radiculopathy, lumbar sprain/strain, cervicogenic headaches, cervical strain sprain and myofascial pain, s/p cervical spine surgery with chronic post laminectomy syndrome. Treatment to date has included medication, acupuncture treatment, surgery (cervical fusion at C4-7 in 2005, lumbar discectomy L3-4 in 2012), and home exercise program. Currently, the injured worker complains of low back pain rated 5/10 that is worse when bending forward. Per the primary physician's progress report (PR-2) on 5/13/15, examination revealed positive findings for decreased painful range of motion with tenderness to palpation and hypertonicity. Current plan of care included continue additional sessions of acupuncture to decrease muscle tension and increase activity tolerance. The requested treatments include six (6) acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current 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 four prior acupuncture sessions were rendered (gains reported as "increase activity tolerance", no specifics were documented), additional acupuncture was requested. In the absence of documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture, the additional acupuncture requested is not medically necessary.