

Case Number:	CM15-0117350		
Date Assigned:	06/25/2015	Date of Injury:	11/01/2010
Decision Date:	08/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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 50 year old female who sustained a work related injury November 1, 2010. According to a primary treating physician's progress report, dated June 8, 2015, the injured worker presented with complaints of neck and back pain. Objective findings included; antalgic gait, the neck revealed mild tenderness and range of motion is decreased globally; lumbar spine tenderness, flexes to reach mid-tibias. An EMG/NCV (electromyography and nerve conduction velocity studies) of the upper extremities revealed bilateral cervical radiculopathy centering on C6, bilateral lumbar radiculopathy centering on L5 nerve roots. An MRI of the lumbar spine, dated May 15, 2015, (report present in the medical record) showed broad based disc bulges at L4-5 and L5-S1. An MRI of the cervical spine, dated May 15, 2015, (report present in the medical record) showed C5-6 broad based herniation lateralized to the left, indenting the ventral thecal sac; it produces moderate right and severe left neural foraminal narrowing; canal is patent. Diagnoses are lumbar and cervical sprain, strain; cervical radiculitis; lumbosacral or thoracic neuritis or radiculitis unspecified. Treatment plan included increasing TENS unit frequency, discontinuing chiropractic treatment, and continue medication. At issue, is the request for authorization for additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 sessions: 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 beneficial in reducing symptoms), the patient continues symptomatic, taking oral medication (Norco 5/325) and no evidence of 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. 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. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity. The request is not medically necessary.