

Case Number:	CM15-0118680		
Date Assigned:	06/29/2015	Date of Injury:	11/02/2012
Decision Date:	07/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 52 year old female sustained an industrial injury to the low back on 11/2/12. Previous treatment included magnetic resonance imaging, physical therapy and medications. Magnetic resonance imaging lumbar spine (3/18/13) showed lumbar degenerative disc disease with bulging. In a PR-2 dated 6/2/15, the injured worker complained of left low back pain, rated 7-8/10 on the visual analog scale. The injured worker reported that she was not sleeping well and was having trouble with housework. Physical exam was remarkable for tenderness to palpation to the left sacroiliac joint with paraspinal tightness on the left, painful lumbar spine range of motion and leg length asymmetry in long leg sitting compared to supine leg length with decreased deep tendon reflexes to bilateral lower extremities. Current diagnoses included myalgia and myositis, sacroiliitis, lumbar spine disc degeneration, lumbar disc displacement and scoliosis. The treatment plan included slowly increasing her walking program, performing stretching exercise, refilling medications (Tramadol, Cyclobenzaprine, Naproxen Sodium and Celebrex) and requesting 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for 8 visits: 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 could support extension of acupuncture care 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. Eight sessions of acupuncture were previously requested by the provider on 03-31-15. The records available for review did not revealed how many sessions were already completed or the functional gains obtained; therefore an assessment of whether additional care is needed is unknown as prior acupuncture already completed has not been assessed, documenting the benefits obtained. Secondly, the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the request for acupuncture x 8 is not supported for medical necessity.