

Case Number:	CM15-0118885		
Date Assigned:	06/29/2015	Date of Injury:	05/06/2014
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
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:

The injured worker is a 56 year old female who sustained a work related injury May 6, 2014. While preparing lunch bags on a tray, she bent down awkwardly, and on standing felt a popping sensation and severe pain in the low back. She was prescribed medication and physical therapy and underwent x-rays and an MRI. According to a primary treating physician's follow-up consultation dated May 5, 2015, the injured worker presented with complaints of ongoing pain to her low back radiating into both hips and down both legs. She reports numbness and tingling in her legs, right foot, and right toes. Examination of the lumbar spine reveals; tenderness to palpation over the paraspinous region, with spasms; range of motion remains limited; straight leg raise positive on the right at 50 degrees and on the left at 70 degrees in both the sitting and supine positions. Sensation is decreased to light touch and pinprick in the right lower extremity. Diagnoses are lumbar spine sprain/strain; disc protrusion L4-5, with retrolisthesis, spondylosis and neural foraminal stenosis; annular tear, L3-4; clinical lumbosacral radiculopathy. At issue, is the request for authorization for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records available for review, the patient has not yet undergone acupuncture care. Given the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. Given that the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.