

Case Number:	CM15-0122360		
Date Assigned:	07/06/2015	Date of Injury:	12/15/2006
Decision Date:	08/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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: Chiropractor, 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 (IW) is a 38-year-old male who sustained an industrial injury on 12/15/2006. Diagnoses include lumbar myofascial pain and chronic pain syndrome. Treatment to date has included medications, acupuncture and counseling. According to the progress notes dated 5/1/15, the IW reported poor sleep, but mild improvement physically and emotionally since his last visit. He also reported his pain level drops from 10/10 to 4/10 when he takes his Percocet two tabs daily. He complained of being tired and poor sleep. On examination, his gait was stable; tightness was noted in the cervical spine; myofascial restrictions were noted in the lumbar spine and straight leg raise was positive at 30 degrees bilaterally. Progress notes dated 11/24/14 reported MRI (undated) results of lumbar lordosis attributable to muscle spasms, trace retrolisthesis of L5 on S1 and L4-5 central and right paracentral disc protrusions up to 5mm with borderline lateral recess stenosis. A request was made for acupuncture to the lumbar spine once a week for 16 weeks for functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lumbar spine 1x16: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends a trial of 3-6 sessions over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. The patient complained of low back pain. The provider's request for 16 acupuncture session was modified to 6 acupuncture session which was consistent with the guidelines for an initial trial. According to the acupuncture provider, the patient completed the 6 authorized sessions with temporary pain relief. It was noted that the patient managed to reduce his pain medications but not significantly. The acupuncture provider did not specify which medication was reduced or the quantity of reduction. There was no documentation of functional improvement from authorized 6 sessions of acupuncture. Therefore, additional acupuncture beyond 6 sessions is not medically necessary. The provider's request for 16 acupuncture session is not medically necessary at this time. There was no functional improvement from the prior 6 authorized sessions.