

Case Number:	CM15-0125760		
Date Assigned:	07/10/2015	Date of Injury:	03/25/2010
Decision Date:	08/26/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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 an industrial injury on 3-25-10. Diagnoses are cervical spine musculoligamentous sprain-strain, cervicalgia, cervical spine myospasm, lumbago, lumbar spine musculoligamentous sprain-strain, and lumbar myospasm. In a primary treating physician medical re-evaluation dated 3-30-15, the physician notes the injured worker presents unchanged. She continues to experience a great deal of neck pain and low back pain that is primarily aggravated with physical activity. Her pain is rated at 6 out of 10. An exam of the cervical spine notes there is hypolordosis and there is tenderness to palpation with spasms on the bilateral paraspinals and bilateral upper trapezius muscles. Exam of the lumbar spine reveals hypolordosis and tenderness to palpation on the bilateral paraspinals, bilateral gluteal muscles, coccyx and spinous process of L4 and L5. Work status is to return back to work with modified duties. If modified duty is not available, she will be placed on temporary total disability. The treatment recommendations are to continue with her current therapy regimen which consists of chiropractic treatment inclusive of supervised physiotherapy and also acupuncture at 2 times a week for the next 6 weeks, she states her pain is improving primarily with this treatment. Also noted in the treatment recommendations is to continue with the same medications from her last visit including transdermal analgesic compounds, awaiting a lumbar brace, awaiting a supplemental report from the qualified medical examiner, awaiting intra-articular left knee injection, and to follow up in one month. An x-ray of the cervical spine 2-19- 15 notes the impression as straightening of the cervical lordosis may be positional or reflect an element of myospasm. An x-ray of the lumbar spine 2-19-15 notes the impression as

levoconvex lumbar scoliosis, which may be positional or reflect an element of myospasm. The requested treatment is for acupuncture treatments with infrared to the cervical and lumbar spine for retrospective dates of service of 5-14-15, 5-19-15, and 5-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Acupuncture treatments with infrared to the cervical and lumbar spine DOS 05/14/2015, 05/19/2015 and 05/21/2015: 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." An unknown number of prior acupuncture sessions were rendered in the past without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of additional acupuncture. Also, the records reviewed did not include baselines pre-acupuncture and post-acupuncture to demonstrate that the acupuncture sessions performed on 05-14-15, 05-19-15 and on 05-21-15 were beneficial for the patient's condition. Therefore, the acupuncture rendered on 05-14-15, 05-19-15 and on 05-21-15 is not supported for medical necessity.