

Case Number:	CM15-0128680		
Date Assigned:	07/15/2015	Date of Injury:	05/06/1999
Decision Date:	08/11/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/02/2015

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 is a 42-year-old female with a May 6, 1999 date of injury. A progress note dated May 6, 2015 documents subjective complaints (pain of the lumbar paraspinals bilaterally with radiation down legs; pain rated at a level of 3/10 at its least and 8/10 at its worst; average pain level noted to be 5-6/10), objective findings (decreased reflexes of the bilateral triceps and bilateral Achilles), and current diagnoses (degeneration of lumbar or lumbosacral intervertebral disc; lumbosacral spondylosis without myelopathy; displacement of lumbar intervertebral disc without myelopathy; lumbar post laminectomy syndrome; anxiety state, unspecified). Treatments to date have included multiple surgeries including spinal fusion, therapy, medications, home exercise, and a transcutaneous electrical nerve stimulator unit. The treating physician documented a plan of care that included acupuncture for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 acupuncture for the lower back 2 times a month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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." The request from the provider did not indicate the number of sessions requested (duration) for the acupuncture care, or how many sessions the patient had in the past and the functional benefits obtained which such care. Therefore, the request for additional acupuncture is not supported for medical necessity. Also, 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.