MAXIMUS Federal Services

Case Number:	CM15-0170012		
Date Assigned:	09/10/2015	Date of Injury:	11/27/2012
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/28/2015

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 62-year-old male, who sustained an industrial injury on November 27, 2012. He reported low back pain. The injured worker was diagnosed as having lumbar spine sprain and strain, thoracic or lumbosacral neuritis, and acquired spondylolisthesis. Medical records (March 20, 2015 to July 17, 2015) indicate ongoing numbness and tingling in the left lower extremity, which was slowly improving. The injured worker's low back pain and left foot drop were resolving, also. The injured worker noted increased strength in his foot and toes. Per the treating physician (June 5, 2015 report), the injured worker will continue work restrictions outlined by the agreed medical evaluator. The physical exam (March 20, 2015 to July 17, 2015) reveals no significant antalgic gait, slight weakness on dorsiflexion on gait, ongoing decreased lumbar flexion and extension, minimal pain with flexion, and negative straight leg raise. There was continued weakness of left foot dorsiflexion greater than plantar flexion with +4-5 out of 5 overall strength of the tibialis anterior and +4 out of 5 extensor hallucis longus (EHL) strength. There was continued decreased sensation in the lumbar 5 and sacral 1 region. Surgeries to date have included microdiscectomy at lumbar 4-5 and lumbar 5-sacral 1 left sided and hemilaminectomy-foraminotomy decompression on November 18, 2014. Treatment has included: at least 14 sessions of postoperative aquatic therapy, home exercises, and medications including pain, sleep, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. On July 27, 2015, the requested treatments included 12 sessions of acupuncture for the thoracic and lumbar spine. On August 7, 2015, the original utilization review non-certified a request for 12 sessions of acupuncture for the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks, Thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous 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. As 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.