

Case Number:	CM15-0170547		
Date Assigned:	09/11/2015	Date of Injury:	07/21/2011
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on July 21, 2011. She reported injuring her lumbar spine. The injured worker was diagnosed as having lumbar herniated disc, cervical degenerative disc disease, and lumbar radiculopathy. Medical records (April 23, 2015 to July 23, 2015) indicate ongoing low back, right buttock, and right greater than left lower extremity pain. There was numbness and tingling with weakness of the right lower extremity. The injured worker continued to use acupuncture instead of medication, which was very helpful. Records also indicate she was significantly functionally limited despite her continued use of a home exercise and walking program. She failed a return to work in a sedentary position. Per the treating physician (July 23, 2015 9/9/2015 report), the injured worker is temporarily totally disabled. The physical exam (April 23, 2015 to July 23, 2015) reveals myofascial tenderness in the lumbar paraspinal muscles, hyperalgesia in the right gluteal muscle, a positive right seated straight leg raise with pain and tingling into the right foot dorsum, 1-2+ reflexes in the knees, absent reflexes in the ankles, and hypoesthesia in the L5 (lumbar 5) dermatome of the right lower extremity. Treatment has included acupuncture, physical therapy, a home exercise program, epidural steroid injection, a functional restoration program (FRP), and medications including oral pain, topical pain, anti-epilepsy, and non-steroidal anti-inflammatory. On August 4, 2015, the requested treatments included 6 sessions of acupuncture. On August 11, 2015, the original utilization review non-certified a request for 6 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture six sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. Although it may take 1-2 months for optimal therapy, the claimant's prior acupuncture interventions notes were not provided. In addition, acupuncture is considered an option. The additional 6 sessions are not medically necessary.